



Printed Preceptor Name and Degree: _____ Discipline: _____

Exceptional – performs well above peers; able to model tasks for peers or juniors, of medical students at the OMS3 level

Place a check in the appropriate column to indicate your rating for the student in that particular area.

Clinical skills and Procedure Log Documentation	
Preceptor has reviewed and discussed the CREDO LOG (Clinical Experience) for this rotation. This is mandatory for passing the rotation for OMS 3.	Yes <input type="checkbox"/> No <input type="checkbox"/>

[illegible][illegible]

3. Assures professionalism in relationships with patients, staff, & peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Displays integrity & honesty in medical ability and documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is well prepared for and seeks to provide high quality patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Please note that preceptor comments may be included in the student's Dean's Letter

Please identify the areas where the student has shown the greatest strengths.

Please identify areas for the student to focus on to improve their clinical performance.

Completed by	
Did the student work with a Resident on this rotation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the student work with a DO on this rotation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please verify if this evaluation was completed by: (Any student who does not pass the Professional and Ethical Competency section of this evaluation will not receive a passing grade for this rotation)	Consensus <input type="checkbox"/> Individual Preceptor <input type="checkbox"/>

Physician Information Section:

The following information must be completed ***in full*** in order for the student to receive credit for his/her rotation. The information is also required for the physician to receive Continuing Medical Education credit for precepting.

Please Print:

First Name: _____
Last Name: _____
Name of Practice or Hospital: _____
Region: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone: _____

Please indicate:

D.O. ☐ M.D. ☐

AOA number if D.O.: _____

*Preceptor Signature: _____ Date: _____

****Please submit your completed student evaluation within 1 week of the conclusion of the rotation.**

Please enter your evaluation online at <http://intranet.vcom.vt.edu/clinical/Login>.
If you need password assistance, contact your VCOM Site Coordinator. If computer access is not available, you may forward a copy of this to the appropriate contact person shown below:

• Carolina Campus

Email: oms3evaluationscc@carolinas.vcom.edu
Fax: 864.804.6991

• Virginia Campus

Email: oms3evaluationsvc@vt.vcom.edu
Fax: 540.231.6298

• Auburn Campus

Email: oms3evaluationsac@auburn.vcom.edu
Fax: 334.442.4097

• Louisiana Campus

Email: oms3evaluationslc@ulm.vcom.edu
Fax: 318.342.7279