

ORPCE Office of Regional Primary Care Education
Physician/Preceptor Profile



PHYSICIAN/ PROVIDER NAME:		
Practice Name:		
DOB:	Gender: M / F	Last 4 digits of SSN:
Race/ Ethnic Origin: (optional)		NC Medical License #: _____
Personal Contact Numbers:		Email:
Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> FNP <input type="checkbox"/> CNM <input type="checkbox"/> Other _____		
Speciality: <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> OB/Gyn <input type="checkbox"/> Other _____ <input type="checkbox"/> Board Certified		
Alma Mater:	Year Residency Completed:	MAHEC Residency: Yes / No
Preceptor Activity Status: <input type="checkbox"/> Active <input type="checkbox"/> No, but interested, please contact me <input type="checkbox"/> No longer teaching <input type="checkbox"/> Not this year , check back later.		
Student Type	School	Length of Rotations
<input type="checkbox"/> All Types of students <input type="checkbox"/> Medical Only: <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Pharmacy <input type="checkbox"/> Mentor High School	<input type="checkbox"/> Any School <input type="checkbox"/> Duke <input type="checkbox"/> ECU <input type="checkbox"/> Methodist College <input type="checkbox"/> UNC-Chapel Hill <input type="checkbox"/> UNC- Charlotte <input type="checkbox"/> UNC-Greensboro <input type="checkbox"/> UNC-Wilmington <input type="checkbox"/> Wake Forest (Bowman Gray) <input type="checkbox"/> Western Carolina <input type="checkbox"/> Winston-Salem State	<input type="checkbox"/> Doesn't matter <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/> 1 day per week for a semester

When completed, please fax this form to ORPCE at (828) 257-4738.