



LE MOYNE COLLEGE PAS PROGRAM

INITIAL TIME ATTESTATION & PLANNING CALENDAR

(315) 445-4745 Program Office

Student Name: _____ Preceptor Name: _____
 Rotation Name & Number: _____ Preceptor Contact Telephone #: _____
 Dates of Rotation: _____ Preceptor Email Address: _____
 Preceptor Fax#: _____

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total*
#1								
#2								
#3								
#4								
#5								
#6								

Students: *Please read and complete the Initial Time Attestation and Planning Calendar with your preceptor. This assignment is to be uploaded to Canvas and is due no later than midnight on the first Friday of a rotation regardless of a 3-week (Split) or 6-week rotation. Failure to submit on time will result in a 2-point deduction per calendar day, including weekends, up to two days.*

Please keep an actual tally of your hours as you will need to designate them later on. You will not receive a grade for this rotation until this form is completed. Your final grade for this rotation will be negatively affected if this form is submitted late without prior permission from the Le Moyne Physician Assistant Program.

Initial Time Attestation

According to the program requirements and accreditation and licensure standards, all Physician Assistant Students on Clinical Rotations should complete a minimum of 36 hours per week in activities related to patient care. The bulk of these hours should be spent in direct, face-to-face patient care with the remainder being spent in activities related to clinical care such as chart review; medical education, such as conferences (non-pharmaceutical company); and Grand Rounds. Thirty-six hours is a *minimum* bench mark. Ideally, the student is expected to follow the Preceptor's schedule as closely as possible, generally working beyond the 36 hours to the extent that the Preceptor does. The student is expected to work with an alternate preceptor or preceptor(s) if the designated Preceptor is not in the office for the full weekly 36 hours. The Le Moyne Physician Assistant Program will be contacted at 315-445-4745 or via PAS-Clinical@lemoyne.edu with any concerns.

Student Attestation: I have read the above information and commit to working a minimum of 36 hours a week on this rotation. I further commit myself to working more hours as professionally appropriate and at the discretion of my Preceptor and my PAS Program.

Student Signature: _____ **Date:** _____

Preceptor: I have read and agree with the above and I am able to support the student in this commitment.

**Please note that in order to fulfill accreditation requirements, sign off from the Preceptor is necessary.

Preceptor Signature: _____ **Date:** _____