



GLATA Preceptor of the Year Award - Student Portion

For each preceptor nomination to be complete, we require two students to fill out pages 1&2 and the preceptor to fill out page 3:

Student's Name: _____
Student's Year: _____ Student's School: _____
Name of Preceptor Being Nominated: _____

Please Rate the Following Qualities:

Excellent Good Fair Poor

Ability to work with members of other allied health professions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Provide a brief response as rationale for the rating of the preceptor's "ability to work with other members of the allied health profession." Please limit response to the space provided.

Ability to act as a professional role model

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Provide a brief response as rationale for the rating of the preceptor's "ability to act as a professional role model." Please limit response to the space provided.

Allows for an interactive learning experience

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Provide a brief response as rationale for the rating of the preceptor "allowing for an interactive learning experience." Please limit response to the space provided.

Ability to communicate effectively with students

Provide a brief response as rationale for the rating of the preceptor's "ability to communicate effectively with students:" Please limit response to the space provided.

Patient Satisfaction

Provide a brief response as rationale for the rating of the preceptor's "patient satisfaction:" Please limit response to the space provided.

Encouragement of student involvement within profession

Provide a brief response as rationale for the rating of the preceptor "encouraging student involvement within the profession:" Please limit response to the space provided.

Utilizes evidence based practice

Provide a brief response as rationale for the rating of the preceptor's "use of evidence based practice:" Please limit response to the space provided.



GLATA Preceptor of the Year Award - Preceptor Portion

Preceptor's Name _____

Place of Employment _____

Work Address of Preceptor (Address, City, Zip Code, and State)

Preceptor Contact Information Cell _____ Work _____ Email _____

NPI Number: _____ Number of total years of being a preceptor: _____

Number of total years of GLATA membership: _____

Previous Work History

Education (Degree & Year)

Please list memberships on any NATA/GLATA/Or state level committees or boards (please denote leadership positions held within committees/boards):

Please list any research articles you have authored (please denote primary vs co- authorship):

Submission Checklist: Nominee Application: Two Student Forms:
Candidate Profile (optional):

Please email this form in a PDF format to Madison Roskuszka (madison.roskuszka@hope.edu) by
December 1st, 2016.