



LAKE ERIE

COLLEGE

PHYSICIAN ASSISTANT PROGRAM

Physician Assistant Program:
Documentation of Shadowing Hours

Applicant Name: _____

Address: _____

Physician Assistant Name:

Physician Assistant Phone Number:

NCCPA Certification Number:

Type/ Location of Practice:

Date/Dates Shadowed:

Total Number of Shadowing Hours Accrued:

To the PA-

**Please check below if interested in
precepting PA students:**

Yes, I am interested in being a
preceptor for a Lake Erie College PA
student.

Contact me by:

Phone: _____

Email: _____

By signing this form, I am verifying that the applicant named above shadowed me in a clinical setting for the above number of hours.

Please sign below:

Physician Assistant Signature

/ _____
Today's date

To the Applicant: Please submit this form with your CASPA application. It can be uploaded into CASPA in the documents section of your application.