

2025 - 2026 Preceptor Schedule and Availability

Group Name (if applicable)		
First name Last name, Degree of physician(s) (ex: Jane Doe, MD; John Doe, DO)		
<u>Rotation/Specialty</u> Check appropriate selection	<input type="checkbox"/> Adult Medicine/Inpatient <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> General Surgery <input type="checkbox"/> Other:	<input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Rural & Underserved <input type="checkbox"/> Obstetrics and Gynecology

Provide the number of medical students your preceptors can accept per rotation. This assumes the students will work approximately 40 hrs. per week or 5 days per week.

2025-2026	ROTATION DATES	# OF STUDENTS
Clinical Rotation 0 & 13	6/30/2025 - 7/25/2025	
Clinical Rotation 1 & 14	7/28/2025 - 8/22/2025	
Clinical Rotation 2 & 15	8/25/2025 - 9/19/2025	
Clinical Rotation 3 & 16	9/22/2025 - 10/17/2025	
Clinical Rotation 4 & 17	10/20/2025 - 11/14/2025	
Clinical Rotation 5 & 18	11/17/2025 - 12/12/2025	
Clinical Rotation 6 & 19	12/15/2025 - 1/9/2026	
Clinical Rotation 7 & 20	1/12/2026 - 2/6/2026	
Clinical Rotation 8 & 21	2/9/2026 - 3/6/2026	
Clinical Rotation 9 & 22	3/9/2026 - 4/3/2026	
Clinical Rotation 10 & 23	4/6/2026 - 5/1/2026	
Clinical Rotation 11	5/4/2026 - 5/29/2026	
Clinical Rotation 12	6/1/2026 - 6/26/2026	

INFORMATION FOR STUDENTS' FIRST DAY OF ROTATION

Practice/Clinic Name:			
Primary Office Street Address: City, State Zip Code			
Preferred Phone:	<input type="checkbox"/> Office	<input type="checkbox"/> Cell	
Preferred Email:			
Office Manager Name:			
Office Manager Phone:			
Office Manager Email:			
If appropriate, hospitals where students should be onboarded according to preceptor privileges:			
Signature:		Date:	

Please return form to:
Clinical Education Department
COMcredentials@shsu.edu
office: 936-202-5240 fax: 936-202-5260