



Dear Colleague:

Thank you for agreeing to have _____ join you for a Community Week. This is a mandatory observership in our medical school program. For most students, this is their first opportunity to experience a rural medical practice.

Please take a moment to read the enclosed Community Week Preceptor Guide which outlines the goals, objectives and expectations of this program. As this is a mandatory learning activity, we request that you complete an assessment of the student at the end of the week. The Community Week: Assessment of Student by Preceptor form is included in your package.

Finally, for our records, please sign below indicating that you have read our package describing the Community Week and agree to host this student for the dates specified below. Please send this completed form to dme@uottawa.ca at your earliest convenience.

Thank you again for participating in the education of our future physicians!

Best regards,
Dr. Marianne Yeung
Interim Director, Distributed Medical Education
Faculty of Medicine
University of Ottawa
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Fax: 613-562-5605
myeung@uottawa.ca

I acknowledge that I have read the Community Week Preceptor Guide and I accept to supervise the aforementioned student.

Dates Community Week will take place: _____

Physician Name: _____

Signature: _____

Today's date: _____

Practice Address: _____

Email: _____