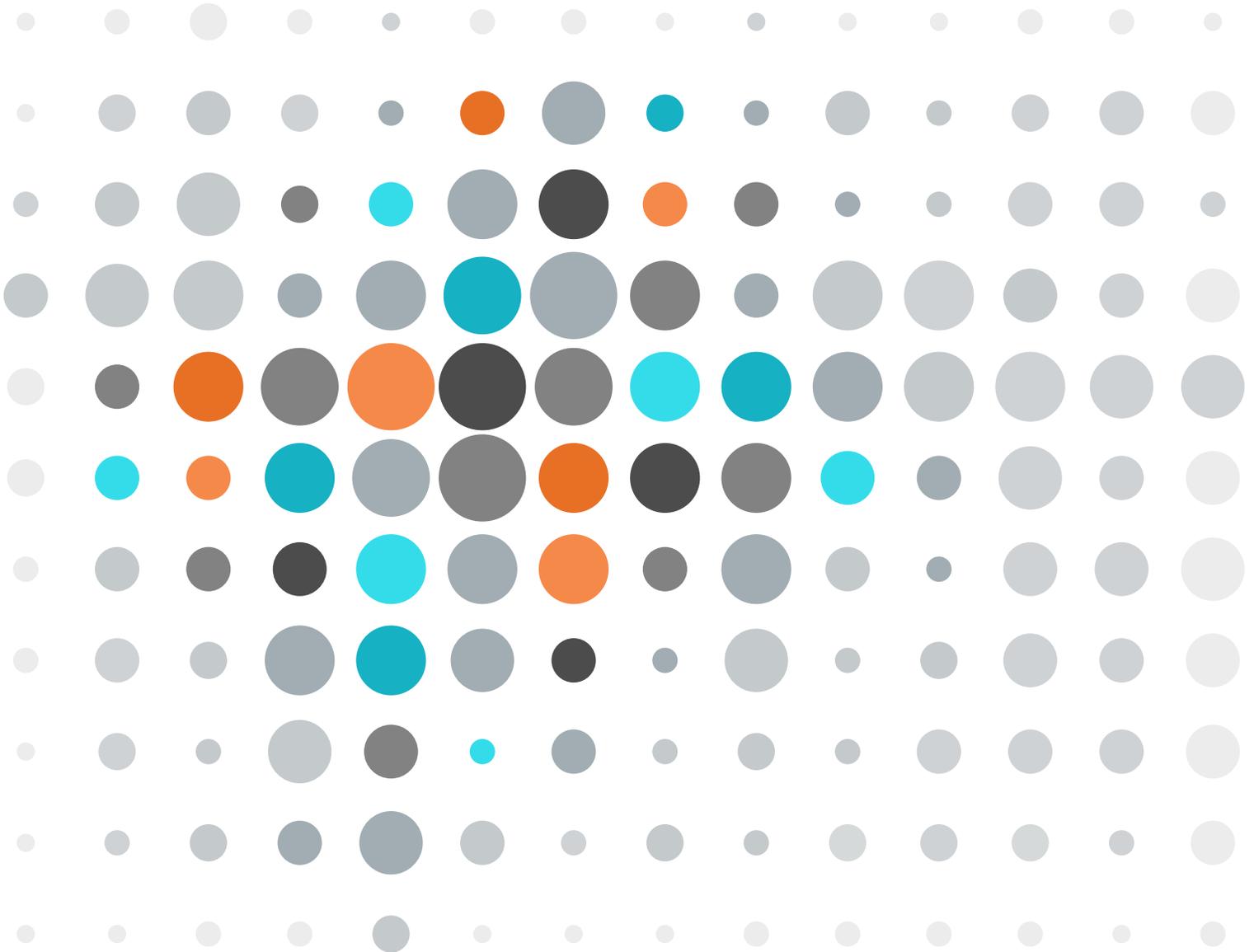


Preceptor Handbook

GET READY TO HOST
YOUR VISITING
MEDICAL TRAINEE.



AMOPPORTUNITIES



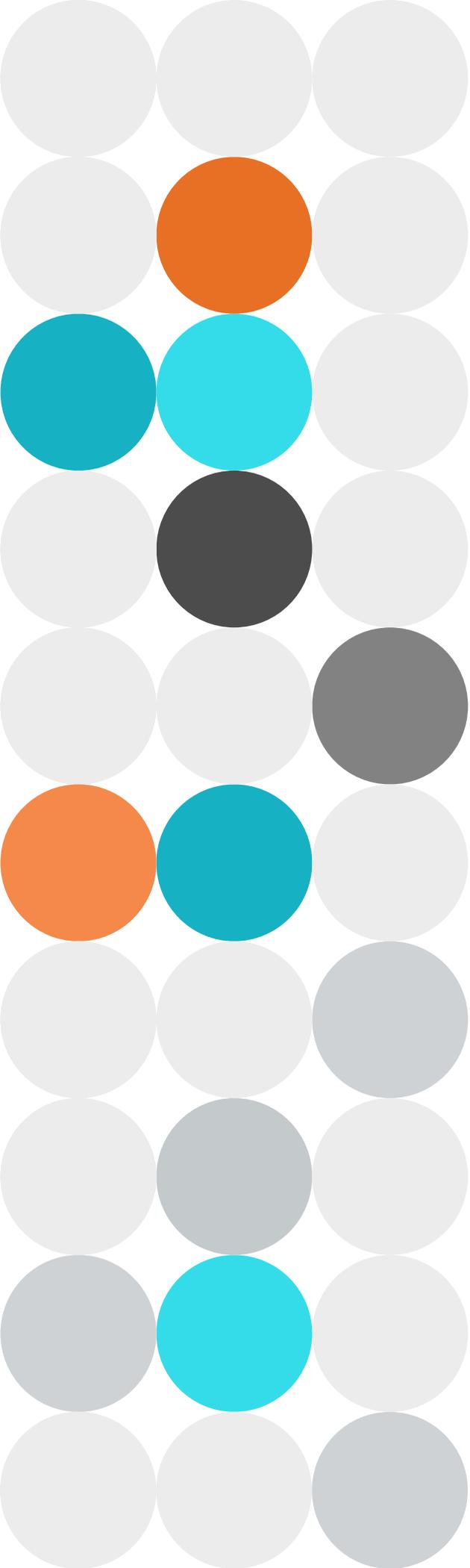
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Why Precept with AMO Opportunities

Preceptorships bridge the gap between the classroom and clinical experience. The role of the preceptor is to provide a learning environment and to introduce trainees to the U.S. medical system. Hosting international medical trainees allows you to pass on your skills and knowledge to a new generation of healthcare professionals.



BENEFITS

Benefits to precepting include helping you stay relevant and current in your specialty, connecting you to the next generation of physicians and developing leadership skills. Preceptors are eligible to earn a stipend for their time. After the completion of your first program, we encourage you to share your experience with your colleagues through our physician referral program.

REFER A PHYSICIAN

AMOpportunities is looking for physicians of all specialties. Preceptors are eligible for referral bonuses once the referral's first AMO trainee successfully completes their rotation.

If another physician has referred you, or you are interested in referring a physician please email: rotations@amopportunities.org.

PHYSICIAN STIPENDS

Preceptors are paid according to the stipend amount specified in their contract. Stipends are calculated per student.

- **MD, DO, PA, and Pre-Med students:** Weekly stipends
- **NP students:** Hourly stipends

You will receive an AMO Admin account, which allows you to:

- View past, current, and upcoming trainees
- Set up your Stripe payment information

Please Note:

Only one person per contract can set up the Stripe account. Be sure to designate the correct contact and inform your AMO Program Coordinator.

Payments are deposited to the bank account linked to your Stripe account; the AMO finance team processes payments the month following the conclusion of the rotation.

Managing payment account details is the responsibility of your program. If you have any questions, your AMO Coordinator is available to help.

WHAT TO EXPECT FROM AMOPPORTUNITIES

Program Coordinators collect all required documents to ensure compliance before the start of your rotation. All you need to provide is the learning experience.

The programs team is dedicated to the collection and screening process of the trainee for eligibility. **Required paperwork for our trainees includes:**

- CV/Resume
- Proof of English proficiency (TOEFL scores or equivalent)
- Proof of eligibility (Dean's letter, diploma, or transcripts)
- Required immunizations (Immunization form page 12)
- MMR
- Hepatitis B
- Tetanus
- Varicella
- Influenza (when in season)
- PPD
- Health insurance
- Malpractice insurance (for hands-on programs only)
- Copy of drivers license, passport, and/or visa (if applicable)

If your program requires additional documents or your program requirements have changed, please contact your AMO Program Coordinator. We ask that you put us in touch with an administrator in your clinic and hospital, at each site students will attend, to ensure compliance for student credentialing. (if applicable).



Program Expectations

PRECEPTOR EXPECTATIONS

AMOpportunities sets itself apart by recruiting only top-quality programs for our platform. We recruit preceptors that are passionate about their profession and have a desire to teach. In addition to their teaching role, our preceptors serve as a role model and mentor. Preceptors should assess the learning needs of each trainee and collaborate to determine their goals and objectives for their rotation.

As a preceptor, it is helpful to understand the terms trainees must follow when participating in the program. **To maintain compliance, they must adhere to the following:**

1. Trainees cannot engage in the unsupervised practice of medicine. Anyone introducing themselves as a physician, professor, or specialist, or who uses the title of Dr./M.D. is representing that he/she is a physician. Presenting themselves as such is considered engaging in unlicensed practice of medicine and is a crime. If they are a graduate or licensed in their home country, they should not introduce themselves as a doctor. Instead, they can present themselves as an international physician trainee.
2. Patient confidentiality is legally binding. Trainees must not discuss patient information with friends, colleagues, or anyone not authorized to be involved in the patient's care. By participating in this program, trainees agree that they have familiarized themselves with HIPAA rules and regulations, and will not transmit protected information to unauthorized parties, including AMOpportunities.

COMMUNICATION

Communication plays a vital role in the success of a preceptor and trainee relationship. Preceptors should provide timely and honest feedback to their trainees. Preceptors and trainees should communicate early and often to set expectations and goals for the program. An effective preceptor will help to build a two-way relationship by demonstrating outstanding communication skills and creating a comfortable environment to learn and ask questions.

Consistent feedback is vital in the learning process. By providing ongoing input during the program and before the final evaluation, you will ensure there are no surprises to either you or the trainee.

Providing constructive criticism is hard but necessary when performing a critical evaluation. If you feel the trainee needs this type of assessment, please contact AMOpportunities so we can help mediate this communication.

All Preceptors must remain communicative with AMOpportunities regarding:

1. Availability
2. Questions or concerns before, during, and after their program
3. Updates on program requirements (additional paperwork, screenings, etc.)
4. Changes to program location(s) or experiences offered to trainees

SCHEDULE CONSIDERATIONS

Please notify AMOpportunities at least 90 days in advance if you will not be able to host trainees so that we can plan to place them into a similar program nearby if available. AMOpportunities requires physicians to find a replacement preceptor if they cancel within 90 days or less.

Quick Guide to Setting Up a Successful Program

SET THE STAGE FOR SUCCESS: BEFORE THE STUDENT ARRIVES

- Notify your team of the upcoming student's arrival and prepare a basic orientation.
- Direct all contact to the student through your AMO Program Coordinator until their full documentation packet is received.
- Confirm all documents have been received from AMO (e.g., immunization records, CV, insurance, visa).
- Review the student's profile to align expectations and prepare appropriate learning experiences.
- Use the sample orientation checklist provided in the AMO handbook as a starting point.
- Provide first day reporting instructions to the student, if applicable.

CREATE A WELCOMING, STRUCTURED ENVIRONMENT

- Give a clinic tour, introduce key staff, explain routines, confirm the weekly schedule, and set expectations.
- Review and explain U.S. healthcare norms, especially around professionalism, hierarchy, and patient interaction.
- Emphasize patient confidentiality and HIPAA compliance—reinforce that students must not share protected information.
- Set first week expectations, including required training and orientation that must be completed prior to students participating in direct patient care or specific clinical activities.
- Review the overall cadence of the rotation.

Support the Learning Process

- Tailor clinical exposure to the student's program type (e.g., Observership vs. Hands-On, Physician Assistant, Graduate Nursing).
- Use micro-teaching models like the One-Minute Preceptor or SNAPPS.
- Offer real-time feedback and support reflective learning through daily check-ins. Feedback should be formative, frequent, and grounded in observable behavior.
- Contact AMO opportunities immediately if any problems arise.*

* IMPORTANT NOTE

If you are not happy with your trainee or there are behavioral issues to be addressed, please notify us during the first week—do not wait until the end of the program. We want to ensure you have a positive experience and feel comfortable. It is important to document any days missed or any issues you experience with your trainee early so we can resolve them as soon as possible.

AFTER THE PROGRAM

- Document performance regularly; don't wait until the end of the rotation.
- Use the Performance Evaluation Form provided by AMO or complete the school evaluation within one week after the program ends.
- Reach out to AMO to assist with challenging evaluations or sensitive feedback conversations.

Stay Curious and Evolve

- Consider preceptor development opportunities (e.g., webinars, mentorship training).
- Reflect after each student's experience to refine your teaching approach.
- Share feedback with AMO to improve the placement process for future cohorts.

Experience Types

DOMESTIC STUDENTS

Students conduct hands-on activities under the supervision of their preceptor including:

- Recording patient histories, completing physical exams, presenting cases, and offering differential diagnosis.
- Building clinical skills through non-invasive procedures

Preceptors agree to:

- Provide the core competencies for their specialty outlined in the school's syllabus.
- Complete required evaluations within the allotted time frame – typically within 1 week post rotation, with some schools requiring mid-rotation evaluations in addition.
- Adhere to a maximum student to provider ratio of 4 students to 1 provider at any given time.

Affiliation agreements must be established between the school and each clinical site students will attend throughout the clinical rotation.



MEDICAL AND OSTEOPATHIC

Preceptors must:

- Provide a minimum of 32+ hours per week, per student – dependent on the school's hour requirements.
- Be a licensed MD or DO board certified in their practicing specialty.



PHYSICIAN ASSISTANT

Preceptors must:

- Provide a minimum of 32+ hours per week, per student – dependent on the school's hour requirements.
- Be a licensed MD or DO board certified in their practicing specialty, a PA-C or NP board certified in their practicing specialty.



NURSE PRACTITIONER

Preceptors must:

- Provide a minimum of 90 hours per clinical rotation – dependent on the school's hour requirements.
- Be a licensed MD or DO board certified in their practicing specialty or an NP board certified in their practicing specialty.



UNDERGRADUATE NURSING

Preceptors must:

- Be a licensed RN or BSN nurse.

Experience Types

INTERNATIONAL STUDENTS & U.S. PRE-MED

We offer a variety of opportunities for international and US pre-medical students including in-person and virtual learning opportunities where students gain valuable clinical experience.

IN PERSON OPPORTUNITIES



HANDS-ON

- Trainees conduct hands-on activities under the supervision of their preceptor
- Example activities include recording patient histories, completing examinations, presenting cases, and offering differential diagnosis.



OBSERVERSHIP

- Provides the trainee in-person exposure to the U.S. healthcare system but limits the trainee to observing the practice of medicine by the physician



NURSING OBSERVERSHIP

- Trainees learn through observation of physicians and licensed nursing staff



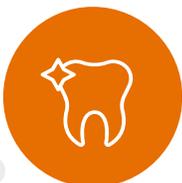
RESEARCH

- Trainees observe or assist on ongoing lab research projects with physicians and investigators



PRE-MED SHADOWING

- Provides exposure to the U.S. healthcare system for pre-medical undergraduate trainees



DENTISTRY

- A patient-focused dentistry observership experience

Experience Types

INTERNATIONAL STUDENTS & U.S. PRE-MED

VIRTUAL OPPORTUNITIES



PATIENT-CARE FOCUSED

- Trainees participate remotely through physician live streams and/or by bringing the trainee into telehealth visits
- Trainees may record patient histories, complete examinations, present cases, and offer differential diagnosis



EDUCATION/RESEARCH

- Trainees participate remotely in a research-focused experience and are brought into the clinic and/or research lab through physician live-streaming technology



PRE-MED SHADOWING

- Provides virtual exposure to the U.S. healthcare system for pre-medical undergraduate trainees

COMMUNICATION WITH INTERNATIONAL STUDENTS

Communication is always a challenge when two cultures meet. Even if a trainee speaks English well, they might not immediately understand the local accent, or they might be unfamiliar with U.S. slang or local expressions. In many instances, language cannot be directly translated, so it is essential to be patient and try to explain things clearly. The impact of culture on medical communication is particularly significant, especially when communicating with patients. Be aware that medical jargon and slang, medical equipment, and even names of illnesses/diseases may differ from that of a trainee's home language.

VISA CONSIDERATION

Most of our trainees apply for B1 visas. These visas are for temporary professional students traveling to the United States. Medical trainees are eligible for a B1 visa to do an elective rotation so long as their school has authorized it. There may be times AMO opportunities will request, on behalf of a trainee, a program acceptance letter providing proof they have been accepted into a four-week clinical rotation. This letter helps aid in their next visa interview.

ELIGIBILITY PROCESS

To ensure that trainees and graduates meet the requirements for a rotation at your clinic or institution, AMO Advisors carefully review each application.

We look for candidates who demonstrate a strong interest in medicine, have clear future goals, and possess the academic background and relevant experience to succeed.

All applications and required documents are submitted through our online platform, making the process straightforward for trainees and efficient for our team. As part of our review, we confirm that all students are in good standing with their university.

Applicants must submit a CV or résumé at the time of application.

Letter of Recommendation (LoR)

We offer all trainees the opportunity to earn letters of recommendation based on merit. It is essential to be honest with trainees about whether you can write a supportive letter of recommendation. Receiving a letter of recommendation is the primary reason many of our trainees enroll in our programs. Physicians have full discretion over the content and letterhead.



CONSTRUCTING AN LoR

Collect as much information about the trainee as possible. Consider scheduling a meeting to learn more about their career goals, programs they are interested in applying for in the future, and insight into their recent accomplishments. Obtaining a current resume/CV can also help construct a LoR.

Below is a list of suggested content to consider including in your LoR:

1. Introduction of yourself and the trainee
2. Outline of your assessment of the trainees' abilities, including details or examples
3. Specific information on the trainee's achievements and personal attributes
4. Strengths you recognized during the program
5. Closing statement emphasizing your enthusiasm for the trainee
6. Your contact information for additional questions

If a trainee requests a letter from you, we recommend drafting the letter while their performance is still recent in your memory. Additionally, it is highly recommended that preceptors submit LoRs by September 15, the year in which the trainee is applying. Trainees are responsible for communicating the specific details of this process with you.

UPLOADING AN LoR TO THE ELECTRONIC RESIDENCY APPLICATION SERVICE

Preceptors can expect to be asked to upload letters of recommendations to the Electronic Residency Application Service. Only preceptors can upload these, and they will need to open an account. The Letter of Recommendation Portal (LoRP) allows authors to upload letters of recommendation to ERAS for distribution to training programs. To access this portal, the physician will need an AAMC account.

After following the steps to register for an account, you will be able to upload a letter of recommendation. Your trainee will have put in a request for the letter through the ERAS portal. You can find more information on the Association of American Medical Colleges (AAMC) Letter of Recommendation Portal (LoRP) in the appendix of this document.

Futher Reading

Why We Do What We Do

McKinsey

[The physician shortage isn't going anywhere](#)

“Approximately 35 percent of physician respondents indicate they are likely to leave their current roles in the next five years, of which roughly 60 percent say they are likely to leave clinical practice entirely. This upcoming shift is not just restricted to physicians nearing the traditional retirement age.”

The SNAPPS Model

PAEA's Committee on Clinical Education

[SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education](#)

“In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter.”

Letter of Recommendation Writing

AAMC.org

[Guidelines for Writing a Letter of Evaluation for a Medical School Applicant](#)

“The guidelines are intended to enhance the letter-writing process by providing a general framework of best practices and relevant content for letter writers to follow.”

ERAS User Guide

AAMC.org

[AMCC 2026 ERAS User Guide](#)

“The AAMC is dedicated to promoting integrity in graduate medical education and advocates high standards during the application process. ERAS has developed an Integrity Promotion Program to encourage these high standards for those engaged in the residency and fellowship application and selection process.”

LoRP FAQ

AAMC.org

[AMCC LoRP Portal](#)

“Get answers to commonly asked questions, such as:

How can I view an existing LoR for an applicant listed in my LoR Manager?

As a designee, which AAMC account should I use to upload the letter?

How do I submit on behalf of another user?”

Fill out this form as completely as possible. Reports must be submitted in English to avoid delay.
You must provide proof for: TB screening, serology (if needed), and COVID-19 vaccinations.

**TO BE COMPLETED AND SIGNED BY YOUR
HEALTHCARE PROVIDER OR FACILITY**

NAME			DATE OF BIRTH (MM/DD/YYYY)	/	/
PHONE	()	EMAIL			

BCG Vaccine CDC-approved Latent TB screening within 6 months of rotation start date, choose one option (1 or 2); detailed report (findings) must be attached in addition to below:					
1 No BCG Vaccine			2 Prior BCG Vaccine (attach proof)		
<input type="radio"/> Latent TB Skin Test (TST/PPD)		OR	<input type="radio"/> Blood Assay		BCG VACCINE DATE
DATE COMPLETED		/	/	DATE COMPLETED	
RESULTS		<input type="radio"/> Negative		<input type="radio"/> Positive [submit chest x-ray findings]	
RESULTS		<input type="radio"/> Negative		<input type="radio"/> Positive [submit treatment dates]	

Vaccination History Fully outpatient experiences, all dates of vaccination OR serology reports (when applicable) may be provided. Experiences with any inpatient exposure, all dates of vaccination AND serology: MMR, Varicella, and Hepatitis B.			
Vaccine	Dose Date	Dose Date	Serology Report (Required for Inpatient)
2 doses MMR [or individually below]	/ /	/ /	<input type="radio"/> Attached
2 doses Measles	/ /	/ /	<input type="radio"/> Attached
2 doses Mumps	/ /	/ /	<input type="radio"/> Attached
1 doses Rubella	/ /	INTENTIONALLY LEFT BLANK	<input type="radio"/> Attached
2 doses Varicella [or one illness date]	/ /	/ /	<input type="radio"/> Attached
Tdap – Pertussis-containing within the last 10 years [Td booster accepted with proof of prior Tdap]	/ /	/ /	INTENTIONALLY LEFT BLANK
Influenza – Current U.S. flu season [Required for rotations in October-May or program specific]	/ /	/ /	INTENTIONALLY LEFT BLANK
Hepatitis B	DATES FOR SERIES #1 / /	#2 / /	#3 / /
IF no series OR inpatient experience, provide Anti-HBs serology <input type="radio"/> HBsAb Attached			
COVID-19 [WHO-approved vaccines only]	DATE OF MOST RECENT DOSE	/ /	<input type="radio"/> Attached proof of dates/types for full vaccine history

HEALTH ASSESSMENT: The above individual has been evaluated in the past 6 months. The result of our evaluation is of sufficient scope to ensure the above-named person is free from health impairment which is of potential risk to the patient, or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances which may alter the individual's behavior. The office that is completing this form will be responsible for maintaining updated records for the duration of participant's and/or faculty's interactions within the hosting institution's facilities and provide appropriate supporting documentation upon request.

HEALTHCARE PROVIDER/FACILITY	PHONE ()
PROVIDER/FACILITY SIGNATURE	DATE / /
PROVIDER/FACILITY ADDRESS	