

## Michigan Preceptor Academy Trainer Survey

\* 1. Trainer's Name

\* 2. Organization

\* 3. Email

\* 4. City of Training

\* 5. Date of Training (mm/dd/yyyy)

\* 6. How many preceptors did you train?

\* 7. Were all training elements utilized in the training you provided?

Yes

No

## Elements of Training

\* 8. If a portion of the training elements were utilized, please list which elements.

## Newsletters

\* 9. Have you shared any of the preceptor newsletters within your organization?

Yes

No