

Preceptor Information Form

Please complete this form electronically prior to hosting an intern. If multiple preceptors are used within one facility, only the designated "Primary Preceptor" needs to complete this form.

Completed forms can be submitted via email to Kailyn Stanley (kailyn.stanley@vdh.virginia.gov) or Joyce Hornick (joyce.hornick@maryland.gov)

Preceptor Information:

Name: Employer: Address: Preferred phone: Preferred email: Immediate Supervisor (if applicable): Preferred email or phone:

Professional Experience:

*This section can be left blank if preceptor resume or CV is sent along with form

Highest degree earned: Years credentialed: Years with facility: Average hours per week worked in facility: List any specialty certifications: Describe continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years:

Facility Information:

Facility can fulfill: (select all that apply) Clinical Rotation Foodservice Rotation Community Rotation Specialty Rotation Other

Check all tasks or documents interns are required to complete in order to complete a rotation within your facility:

Background Check Facility or Volunteer Orientation PPD Test Volunteer Application Antibody Titers (TDaP) Proof of Professional Liability Insurance Other

Other pertinent information related to rotation: