

## 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  
Megan Nason (Megan.Nason@vdh.virginia.gov),  
Joyce Hornick (joyce.hornick@maryland.gov) or  
Mara Fiorio (Mara.Fiorio@dc.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: \_\_\_\_\_