

Application for an Exemption through the Exemption Program for Clinical Preceptors and Their Children

Name: _____ Social Security Number: _____
(Last, First, Middle initial)

1. Term in which you wish to use the exemption: _____ / _____
fall, spring, or summer / year

2. Which condition applies to you? person currently employed as clinical preceptor
 child of clinical preceptor

If you are the child of a preceptor, provide the following information:

a. preceptor's name: _____
b. preceptor's SSN: _____

3. Provide the following information regarding the agreement under which the preceptor will be employed during the term for which the exemption is requested:

a. Name of educational institution: _____
b. Name of affiliating agency: _____

Attach a copy of the agreement to this application before submitting the application to your institution.

4. Have you previously received an exemption through this program? Yes No
If yes, please list the terms/semesters and years:

Term	Year	Term	Year

5. Do you hold a baccalaureate (bachelor's) degree? Yes No

6. Are you currently classified as a resident by this institution? Yes No

Applicant's Certification Statement

I hereby certify that the information I have provided in this application is true and correct.

Signature

Printed Name

Date