



**Office of Regional
Primary Care Education**

Thank you taking time out of your busy schedule to precept health professional students in our 9-county region. Please fill out the form below and fax back to (910) 678-0106. This form is required so our office may reimburse your facility. For approved courses, preceptors will be reimbursed for the student rotations up to the maximum length of the rotation stated in the school's course description on the Approved Ambulatory Community-Based Course Descriptions for the current academic year.

PRECEPTOR INFORMATION

NAME OF PRACTICE: _____

NAME OF PRECEPTOR: _____

*Please include degree information (FNP, PA, MD, etc.)

PRACTICE ADDRESS: _____

MAILING ADDRESS: _____

OFFICE MANAGER: _____

TAX ID NUMBER: _____

Or SSN

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

Last 4-digits of SSN# _____

****Every preceptor needs to fill out a form
**The health professional who precepts the student needs to sign the fax
confirmation at the end of the rotation.**

**Denise Melton
Logistics Coordinator
Phone: (910) 678-7201**

**Saundra Stanley
Director
Phone: (910) 678-7316**