



FLORIDA HOSPITAL GRADUATE MEDICAL EDUCATION

2501 North Orange Avenue – Suite 235 – Orlando Florida 32804 Website: www.fhgme.com

AHP PRECEPTOR REGISTRATION Please Type.

REQUIRED DOCUMENTATION (PLEASE ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION)

- Current copy of your Curriculum Vitae
- Affiliation Agreement between you and the participating Medical School or Residency Program

AHP INFORMATION Independent Dependent

AHP Last Name		First		M.I.	
Physician Last Name		First		M.I.	<input type="checkbox"/> MD <input type="checkbox"/> DO
Street Address		City	State	Zip	Suite/Unit #
Specialty		Business Phone		Business Fax	
Mobile Phone			Email		

HAVE YOU EVER BEEN CONVICTED OF FRAUD OR A FELONY?

- No Yes

Please explain:

HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY ANY MEDICAL SCHOOL OR HOSPITAL MEDICAL STAFF?

- No Yes

Please explain:

LICENSE TO PRACTICE

Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any other imposed sanctions or conditions.

- No Yes

Please explain:

DISCLAIMER AND SIGNATURE

I have read and agree to abide by the policies set forth by the Florida Hospital office of Graduate Medical Education including the Preceptor Policy regarding the supervision of medical trainees and observers.

I understand that any false or misleading statement made on my application may be grounds for denial of this application. I hereby certify that the foregoing information is true and correct.

Signature, AHP	Date
Signature, Supervising Physician	Date

DEPARTMENT OF GRADUATE MEDICAL EDUCATION (FOR GME USE ONLY)

This Application is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
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Signature, Director of Academic Affairs	Date
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Submit Documentation to: Florida Hospital Graduate Medical Education

Attention: GME Coordinator

E-mail: FH.GME.Coordinator@fhosp.org

Phone: 407.303.5270 Fax: 407.303.5273