

**MEDICAL STAFF PRECEPTOR REGISTRATION** Handwritten and/or Incomplete Applications will not be accepted.  
 Scanned PDF preferred.

<b>REQUIRED DOCUMENTATION</b> (PLEASE ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION)	
<input type="checkbox"/>	Current copy of your Curriculum Vitae
<input type="checkbox"/>	Affiliation Agreement with the academic institution. Please provide Academic Institution Name _____

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

<b>HAVE YOU EVER BEEN CONVICTED OF FRAUD OR A FELONY?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please explain:	

<b>HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY ANY MEDICAL SCHOOL OR HOSPITAL MEDICAL STAFF?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please explain:	

<b>LICENSE TO PRACTICE</b>	
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.	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please explain:	

<b>DISCLAIMER AND SIGNATURE</b>	
I am credentialed to practice at Florida Hospital. I have a valid affiliation agreement with the designated academic institution. I am approved to precept students from this academic institution. I agree to allow the students to complete the requested rotations. I assume full responsibility for the conduct and actions of the students while on rotation.	
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, Preceptor	Date

<b>PRECEPTOR APPLICATION STATUS (FOR GME ADMINISTRATIVE USE ONLY)</b>		
This Application is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
<input type="checkbox"/> Affiliation Agreement	<input type="checkbox"/> Rotation Goals/Objectives	<input type="checkbox"/> Curriculum Vitae /Resume on File
Signature, Director of Graduate Medical Education		Date

**Submit Documentation to: Florida Hospital Graduate Medical Education**  
 Attention: GME Clerkship Coordinator  
 2501 North Orange Avenue, Suite 235 Orlando, Florida 32804  
 E-mail: [FH.GME.CLERKSHIP@flhosp.org](mailto:FH.GME.CLERKSHIP@flhosp.org)  
 Fax: 407.303.7323