FLORIDA HOSPITAL
Graduate Medical Education

The skill to heal. The spirit to care.®

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

ADVANCED PRACTITIONER PRECEPTOR REGISTRATION Handwritten and/or Incomplete Applications will not be accepted. Scanned PDF preferred.

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

☐ Current copy of your Curriculum Vitae

☐ Affiliation Agreement with the participating Program. Please provide Program Name ____

PRACTITIONER INFORMATION ☐ **Independent** ☐ **Dependent** (If dependent this form requires the signature of the Supervising Physician)

AHP Last Name	First		M.I.	
Physician Last Name	First	M.I.	☐ MD	☐ DO
Street Address	Suite/Unit #	City	State	Zip
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 PROGRAM 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 am credentialed to practice at Florida Hospital. I have a valid affiliation agreement with the designated program. I am approved to precept students from this program. 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, AHP	Date
Signature, Supervising Physician	Date

PRECEPTOR APPLICATION STATUS (FOR GME ADMINISTRATIVE USE ONLY)

This Application is:	☐ Approved	☐ Declined
☐ Program Affiliation Agreement	☐ Rotation Goals/Objectives	☐ 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 / Fax: 407.303.7323