



# FLORIDA HOSPITAL GRADUATE MEDICAL EDUCATION

2501 North Orange Avenue – Suite 235 – Orlando Florida 32804 Website: [www.fhgme.com](http://www.fhgme.com)

## MEDICAL STAFF 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

### PHYSICIAN INFORMATION

Last Name		First		M.I.	<input type="checkbox"/> MD	<input type="checkbox"/> DO
Street Address		City	State	Zip	Suite/Unit #	
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, Preceptor

Date

### DEPARTMENT OF GRADUATE MEDICAL EDUCATION (FOR GME USE ONLY)

This application is:

Approved

Declined

Signature, Director of Academic Affairs

Date

### Submit Documentation to: Florida Hospital Graduate Medical Education

Attention: GME Coordinator

E-mail: [antoinette.collado@flhosp.org](mailto:antoinette.collado@flhosp.org)

Phone: 407.303.5270 Fax: 407.303.5273