Clinical Faculty Application Cover

Please ensure that this document is completed in its entirety and that it accompanies all applications submitted to VCOM. Incomplete information will delay the faculty appointment process.

➤ **Preceptor Information:**

Name (Last, First MI, Degree):		
Male or Female (Required):		
Race: (Optional)		
Primary Practice (Location of VCOM Rotations) Practice Office Manager Name/Email/Phone		
City, State:		
Core Site Location:		
Email Address (Required):		
Hospital Affiliation(s):		
Primary Board Certification:		
Secondary Certifications:		

➤ **Application Checklist:**

VCOM can accept online verification of State License and Board Certification ONLY.

Current Curriculum Vitae	☐
State License	☐
Copy of Board Certification	☐
Copy of Residency Certificate	☐
Copy of Medical School Diploma	☐

➤ **Electronic Access:**

For access to these resources, please ensure preceptor's current email address is listed on form.

Would preceptor like access to the VCOM Portal to complete evaluations electronically?	Yes ☐
Would preceptor like access to the VCOM Online Library?	Yes ☐
Would preceptor approve release of their photo to VCOM? (Please obtain permission from preceptor directly)	Yes ☐

To Be Completed by Clinical Affairs or Site Coordinator

Rotations Provided:		4th Year Surgical Selective	☐
3rd Year Core	☐	3rd Year Core and 4th Year Elective	☐
4th Year Elective	☐	3rd Year Core and 4th Year Medical Selective	☐
4th Year Medical Selective	☐	3rd Year Core and 4th Year Surgical Selective	☐

Site Coordinator Contact: _____