NYU Grossman School of Medicine

APPLICATION FOR INDIVIDUAL PRECEPTORSHIP FORM

NOTE: Deadline for submission is two weeks prior to the elective beginning date in order to receive elective credit. Forms submitted after that date will not be eligible for credit. Preceptorships must have a minimum of 35hrs. per week in order to receive elective credit.

INFORMATION TO BE COMPLETED BY THE STUDENT

Name: _____ Class: _____

Address: _____ Tel: _____

Elective Title: _____

Exact Dates of Elective: From _____ (mm/dd/yyyy) To _____ (mm/dd/yyyy)

Student's Signature: _____ Date: _____ (mm/dd/yyyy)

INFORMATION TO BE COMPLETED BY THE PRECEPTOR

Name: _____ Tel: _____

Hospital Affiliation: _____

Departmental Affiliation: _____

Office Address: _____

STUDENT'S RESPONSIBILITIES

Will there be patient contact? ○ Yes ○ No If Yes, please estimate hours spent in:

Private practice office hours: _____ Emergency Room: _____

Hospitalized patients: _____ Outpatient clinics: _____

Other, please specify: _____

Total hours per week the student will spend on this elective: _____

Please provide a detailed description of the student's daily activities below:

I agree to supervise the student above and provide an evaluation form at the conclusion of this elective.

Preceptor's Signature: _____ Academic Title: _____

Approved: ○ Yes ○ No Number of weeks elective: _____

_____ Senior Associate Dean for Medical Education

_____ Date

PLEASE SUBMIT BY EMAIL, FAX OR IN-PERSON TO THE INFORMATION PROVIDED BELOW

Registration & Student Records 550 1st Avenue, Medical Science Building, Suite G90, NY, NY 10016 Tel: (212) 263-5291 Fax: (212) 263-5264 E: Janet.Montero@nyulangone.org