



Florida Hospital
Graduate Medical Education
Attention: GME Coordinator
E-mail: constance.clark@flhosp.org
608 E. Altamonte Drive, Suite 3200
Altamonte Springs, Florida 32701
Phone: 407.303.5268; Fax: 407.303.5273

PRECEPTOR REGISTRATION

Please Print or Type

Please attach the following documents:

- ✓ Current copy of your Curriculum Vitae
- ✓ Affiliation agreement with participating Medical School or Residency Training Program

Last Name	First Name	Middle Initial
Social Security Number		E-Mail Address
Office Mailing Address (Street, City, State, Postal Code)		County
Office Phone Number	Office Fax Number	Cell Phone Number

Have you ever been convicted of fraud or a felony?

- Yes No If yes, please explain
-
-

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.

- Yes No If yes, please explain
-
-

Have you ever been the subject of disciplinary action by any medical school or hospital medical staff?

- Yes No If yes, please explain
-
-

I have read and agree to abide by the policies set forth by the Florida Hospital office of Graduate Medical Education including the Preceptorship 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.

Physician Signature

Date

For Florida Hospital GME Use Only: Application Approved Application Declined

Director of Academic Affairs

Date