

PRECEPTOR SCHEDULING

**A maximum of two physicians per four week period is preferred. If this is the physician's first time teaching a Summer Community Program student, please complete the attached bio sketch and return with this form and a current CV.*

Physician(s) available to serve as preceptor for the student:

¹ Name: _____ Email: _____

Clinic/Hospital Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

Office Manager: _____ Email: _____

Dates with student: _____

² Name: _____ Email: _____

Clinic/Hospital Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

Office Manager: _____ Email: _____

Dates with student: _____

Comments:

Please return this form via email or fax to

Allison Fuemmeler, Program Coordinator

Fax: 573-884-2349 Email: fuemmeleran@health.missouri.edu