

## **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:**

<sup>1</sup> Name: \_\_\_\_\_ Email: \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Dates with student: \_\_\_\_\_

<sup>2</sup> 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](mailto:fuemmeleran@health.missouri.edu)