



**Application for an Exemption through the
Exemption Program for Clinical Preceptors and their Children**

Name: _____ Student ID # R _____
(Last, First, Middle initial)

1. Term in which you wish to use the exemption: _____ / _____
fall, spring, or summer / year

2. Which condition applies to you? [] person currently employed as clinical preceptor
[] child of clinical preceptor

If you are the child of a preceptor, provide the following information:

a. preceptor's name: _____
b. preceptor's SSN: _____

4. Provide the following information regarding the agreement under which the preceptor will be employed during the term for which the exemption is requested:

a. Name of educational institution: _____
b. Name of affiliating agency: _____

Attach a copy of the agreement to this application before submitting the application to your institution.

4. Have you previously received an exemption through this program? [] Yes [] No
If yes, please list the terms/semesters and years:

Term	Year	Term	Year

7. Do you hold a baccalaureate (bachelor's) degree? [] Yes [] No

8. Are you currently classified as a resident by this institution? [] Yes [] No

Applicant's Certification Statement

I hereby certify that the information I have provided in this application is true and correct.

Signature

Printed Name

Date