

Additional Preceptors and Clinical Training Sites

- Please use this form to get the signatures of additional Co-Preceptors you are working with for Clinical Training Credits. If you have any questions, please contact the Faculty Coordinator or your Program Coordinator.
- You cannot count hours with additional Co-Preceptors toward Clinical Training Credit until this form is received.

Check One: **Midwifery Clinical Training Credit** **Lactation Clinical Training Credit**

Student

Legal First Name	Legal Middle Initial	Legal Last Name
------------------	----------------------	-----------------

Term/Year	Student Signature	Date
-----------	-------------------	------

Supervising Preceptor Legal Name: _____

Co-Preceptors (Please print your full legal name clearly)

Co-Preceptor (printed name)	Co-Preceptor (signature)	Date
-----------------------------	--------------------------	------

Co-Preceptor (printed name)	Co-Preceptor (signature)	Date
-----------------------------	--------------------------	------

Co-Preceptor (printed name)	Co-Preceptor (signature)	Date
-----------------------------	--------------------------	------

Co-Preceptor (printed name)	Co-Preceptor (signature)	Date
-----------------------------	--------------------------	------

Co-Preceptor (printed name)	Co-Preceptor (signature)	Date
-----------------------------	--------------------------	------

Co-Preceptor (printed name)	Co-Preceptor (signature)	Date
-----------------------------	--------------------------	------

Additional Business Address/Clinical Training Site
Additional Business Address/Clinical Training Site
Additional Business Address/Clinical Training Site

Office Use Only	Date/time/initial:
------------------------	--------------------

Routing: ___ FAC ___ MPC ___ LPC ___ REG (file)
