

Appointed Clinical Preceptor Tracking Form**Reappointment:** ☐ Yes ☐ No**DCOM Alumni:** ☐ Yes ☐ No**Physician Name & Degree:** _____**Physician's Specialty:** _____**Affiliated Core Site:** _____

Date	Item	Completed by:	Signature
	Application Received		
	Preceptor entered in E*Value		
	Forwarded to DCOM Rotation Coordinator		
	PDC Practitioner Profile AOA Profile (DO) <u>Professional License Verified:</u> <i>State:</i> _____ <i>Expires:</i> _____ <u>Board Certification Checked:</u> <i>American Board of:</i> _____ <i>Sub-Specialty:</i> _____ <i>Expires:</i> _____ <input type="checkbox"/> <i>Board Eligible</i> Add PDC & AOA profiles to Personal Records Tab		
	<ul style="list-style-type: none"> • Site information entered in E-value • Preceptor linked to appropriate site(s) 		
	<ul style="list-style-type: none"> • Email to Kari Hoskins to request Preceptor Agreement & Affiliation Agreement • Forward W-9 or notify her if not received 		
	Reviewed by Clinical Rotations Director	Anita Sutton	
	Reviewed and Approved by Clinical Dean	Anya Cope, DO	
	Complete application uploaded to E*Value (Personal Records Tab), Adjunct appointment, medical license & certificate date included		

Additional Information Required

Signature _____

Information needed _____

Declined

Signature _____

Reason not approved _____

NOTES / COMMENTS: