



Med Match
P.O. Box 160
Murrieta, California 92564
800-940-4042
www.medmatch4you.com
email address: mentor@medmatch4you.com

Preceptor Application

Date Last Name First Name Middle

Current Address City State Zip

Contact Phone Number Second Phone Number e-mail address

Email will be preferred method of communication

Provider: NP, PA, MD, DO License and Certifications _____

Number of Years Practicing _____

License Number: EXP. Date .

License Number: EXP. Date

Additional Information

Have you ever precepted a student? ____ Yes ____ No If yes, When? _____

Days and Hours available to precept a student _____

Practice Specialty: Family Practice, OBGYN, Adult Practice, Internal Medicine, Pediatrics,
 College Health, Urgent Care, ER, Geriatrics, General Surgery, GI

Type of Practice: Private, Hospital, Clinic, Other _____

Preceptor Application

Preceptors will be paid an honorarium at the completion of the clinical rotation. Payment can be payable to you as an individual or to your clinical site. Please specify _____

Please follow our link for payment options

Have you ever had disciplinary action taken against any license, or are you currently the subject of a report or investigation? Yes No If yes, please explain:

Have you ever been convicted of a criminal offense (felony or misdemeanor) Yes No

If yes, state nature of crime(s), when and where convicted, and disposition of the case (No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience- Please attach a copy of your current resume or Curriculum Vitae and photo copy of your license with this application.

References

List below two persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	_____ Telephone Number
_____ Occupation	_____ Years Acquainted	_____ e-mail address
_____ First Name	_____ Last Name	_____ Telephone Number
_____ Occupation	_____ Years Acquainted	_____ e-mail address

May we contact this employer for a reference? Yes No

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if contracted, falsified statements on this application shall be grounds for dismissal from our registry. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and release the company from all liability for any damage that may result from utilization of such information.

Date

Signature

Preceptor Application

Office Use

Remarks

Days of Preference

Desired Location

If you choose to mail your application materials, please mail them to:

**Med Match
P.O. Box 160
Murrieta, California 92564**

If you choose to fax your application materials, please fax them to:

951-304-2134

After your application is reviewed, we will contact you via email confirming receipt of your materials.