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| Preceptor Search Request Form | Diagram  Description automatically generated with low confidence |

# Instructions

Indicate below all information pertaining to your clinical needs and requirements. Please indicate whether you are open to tele psych or onsite or both.

# Practice Information

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| Student Name |  | School student attends |  |
|  |
| Telephone |  | Course # |  |
| Email Address |  | Course title |  |
| School Email |  | Preceptor Needed (PMHNP, FNP, LCSW, OBGYN) |  |

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| Locations |  |  | Other Courses Needed |
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|  |  |  |  |  |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

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| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |

Please provide any additional information needed for the clinical that you feel necessary.