**Preceptorship Candidate Qualification Application Form**

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| --- | --- |
| Name: |  |
| Degree(s): |  |
| Address: |  |
| Country: |  |
| Email: |  |
| Specialty/Sub-specialty: |  |
| Employer/Organization: |  |
| CV attached | Please choose Yes or No. |
| Letter(s) of Recommendation | Please choose Yes or No. |
| Please indicate your preferences for specific sessions by assigning a rank. Also note if you would be unavailable for one or more sessions: |  |
| Session 1 – 27th-31st January 2020 | Please rank this session or choose "unavailable". |
| Session 2 – 17th-21st February 2020 | Please rank this session or choose "unavailable". |
| Brief description of the care gaps in candidate’s practice environment that would be helped by his/her participation in this preceptorship program (eg, lack of specialists). |  |

**Post-Program Requirements**

Within 60 days of returning to your country of origin, each trainee will be required to prepare and present an overview of their experience. This overview can take various forms: article in hospital/health system newsletter, presentation to peers at grand rounds or other venue, workshop, etc. Within 90 days, trainees will submit a copy of their experience overview, and confirmation that it was disseminated, to the host organization.