

## Application for an Exemption through the Exemption Program for Clinical Preceptors and Their Children

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last, First, Middle initial)

1. Term in which you wish to use the exemption: \_\_\_\_\_ / \_\_\_\_\_  
fall, spring, or summer / year

2. Which condition applies to you?  person currently employed as clinical preceptor  
 child of clinical preceptor

If you are the child of a preceptor, provide the following information:

a. preceptor's name: \_\_\_\_\_  
b. preceptor's SSN: \_\_\_\_\_

3. Provide the following information regarding the agreement under which the preceptor will be employed during the term for which the exemption is requested:

a. Name of educational institution: \_\_\_\_\_  
b. Name of affiliating agency: \_\_\_\_\_

***Attach a copy of the agreement to this application before submitting the application to your institution.***

4. Have you previously received an exemption through this program?  Yes  No  
If yes, please list the terms/semesters and years:

Term	Year	Term	Year

5. Do you hold a baccalaureate (bachelor's) degree?  Yes  No

6. Are you currently classified as a resident by this institution?  Yes  No

### Applicant's Certification Statement

I hereby certify that the information I have provided in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date