**Preceptorship Request Form**

Please complete this form, then copy and paste into the body of an email, and send to pattyo@aol.com: (do NOT send as an attachment)

Name (please include middle name):

Anticipated Quarter for Preceptorship (e.g. Spring 2015)

Telephone number:

Email address:

Birthday (some hospitals ask for this – put in MMDDYYYY format):

Hospital preference (put the following in order of preference): ECH, ECHLG, GS, KP, OCH

Shift preference (put the following in order of preference): 8hdays, 8hevenings, 8hnights, 12hdays, 12hnights

Unit or specialty preference (describe):

Is your “one wish” a hospital, a shift, or a specialty? Please describe (3 words or less; **one concept** – do not write something like “days, ECH, L&D” as that is 3 concepts, and I will stop reading after the first one written – note your one wish is something I try for but do NOT guarantee, as I have very little say in this):

Other information you wish to share: