

# Preceptorship Application

## STEP 1 – COMPLETE APPLICATION

### PRECEPTEE INFORMATION

First Name (Given) \_\_\_\_\_ Last Name (Family) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 ASLMS Member    Resident    Fellow

### PRECEPTOR INFORMATION

First Name (Given) \_\_\_\_\_ Last Name (Family) \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### PRECEPTORSHIP DETAILS - Preceptorships must be a minimum of one week.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Location \_\_\_\_\_  
 Type of procedure(s) \_\_\_\_\_  
 \_\_\_\_\_

### BUDGET REQUEST - Please review website for funding availability.

**Funding is Available** - Funding available to each preceptee will be determined by their estimated expenses. A minimum of \$100 must be requested. Up to \$1,000 in U.S. funds is the maximum amount of reimbursement available.

Transportation .....	\$ _____
Lodging .....	\$ _____
Meal(s) .....	\$ _____
Other* .....	\$ _____
Total Request in U.S. Dollars .....	\$ _____

\*Explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Funding is Not Available** - You may select a preceptor in your area, but no expenses will be covered.

I understand any expenses incurred will be my responsibility.

Sign Full Name \_\_\_\_\_ Date \_\_\_\_\_

**SAVE NOW**

## STEP 2 – SEND TO PRECEPTOR FOR SIGNATURE

*Applications submitted without preceptor signature will automatically be rejected.*

Sign Full Name \_\_\_\_\_ Date \_\_\_\_\_

## STEP 3 - SUBMIT APPLICATION

### REQUIRED ATTACHMENTS

- » Current Curriculum Vitae.
- » Essay outlining career, educational goals and how the preceptorship will impact your future or current practice of using lasers and other related technologies in medical and/or surgical applications.
- » Residents must include a letter of support on official letterhead from their program director or chief of service.
- » Signed and dated Preceptee Release Form (attached).

### APPLICATION SUBMISSION

- » Mail your application to Attention: Preceptorship Program, ASLMS 2100 Stewart Avenue, Suite 240; Wausau, WI 54401 -OR-
- » Fax your application (715) 848-2493 -OR-
- » Email your application to [information@aslms.org](mailto:information@aslms.org)
- » Questions, call: (715) 845-9283 or Toll Free (877) 258-6028