

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, 100 N 72nd Avenue; Wausau, WI 54401 -OR-
- » Email your application to information@aslms.org
- » Questions, call: (715) 845-9283 or Toll Free (877) 258-6028