



CCNM - BOUCHER CAMPUS PRECEPTOR PROGRAM

Revised: November 22, 2021
By: Dr. Fairman-Young

PRECEPTOR HOST APPLICATION

Please return this form to the Clinical Studies Coordinator
Ellen Kolvers (ekolvers@CCNM.edu)

Full name: _____ Student name: _____

Title/Occupation: _____

Name of Practice: _____

Street Address: _____ City: _____

Prov/State: _____ Postal/Zip code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Licensing/Registration Organization and number: _____

Liability Insurance Provider: _____

Please attach a copy of one (1) of the following: license, registration, or insurance

(Please check) I understand a CCNM Boucher Campus preceptor student is acting strictly in an observatory role.

Do you have any specific requirements? _____

Preceptor Signature: _____ Date: _____

ND ONLY

Please circle all modalities used:

Homeopath Physical Medicine Clinical Nutrition Counseling Hydrotherapy Acupuncture

IV Therapies Botanical Medicine

Other: _____

CE HOURS

Would you like to collect Continuing Education hours? Yes No

Do you have any objection to being added to the preceptor list for students to contact you for preceptorship in the future? Yes No