Clinical Faculty Application Cover

Please ensure the document is completed in its entirety and that it accompanies all applications submitted to VCOM Incomplete information will delay the faculty appointment process.

Preceptor Information (completion of all fields is required unless optional is indicated):

Preceptor Name (Last, First Middle Initial):   Race (optional):

Primary Board Certification:	
Secondary Certification:	
Department / Discipline:	
Rank Requested:	
Primary Practice Name (Location of VCOM Rotations): Street Address City, State, Zip	
Practice Office Manager Name:	
Email/Phone:	
Core Site Name:	
Hospital Affiliation(s):	
Number of students the preceptor will take per rotation:	

Initial Appointment Application   OR   Re-Credentialing Application

Application Checklist:

VCOM can accept online verification of State License and Board Certification ONLY.

Proof of Board Certification	Proof of Board Certification
Proof of Residency Certificate	
Proof of Medical School Diploma	