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):	
Degree (If DO, need AOA #):	AOA #
Phone Number:	
Email Address:	
Gender (optional):	
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.

Checklist for Initial Appointment		Checklist for Re-Credentialing	
Current Curriculum Vitae	☐	Current Curriculum Vitae	☐
Proof of State Medical License	☐	Proof of State Medical License	☐
Proof of Board Certification	☐	Proof of Board Certification	☐
Proof of Residency Certificate	☐		
Proof of Medical School Diploma	☐		

Submitted by (name of site coordinator, program director, etc.):

Please forward documents to the Administrative Assistant for the appropriate specialty.