



# 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](mailto: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