

Additional Preceptor Application

Instructions for completing this form:

In order to ensure accurate and complete information, this PDF fillable form must be completed electronically by typing in the information in the appropriate fields. Once all the information is filled in, you should then print the form, sign and submit it.

By completing and submitting this application, I agree to act as a preceptor at the facility named below. I have reviewed the information on the VTDL P website at the link below and agree to perform the required duties.

<https://www.sanjuancollege.edu/school-of-trades-and-technology/programs/veterinary-technology/clinical-requirements/>

Facility Information

| | | | |
|----------------|----------------------|----------------------------|-------------------------------|
| FACILITY | <input type="text"/> | | |
| ADDRESS | <input type="text"/> | | |
| CITY | <input type="text"/> | STATE <input type="text"/> | Zip Code <input type="text"/> |
| FACILITY PHONE | <input type="text"/> | FACILITY FAX | <input type="text"/> |

Student Information

List the full name(s) of all San Juan College Veterinary Technology student(s) for whom you will be acting as preceptor. Please note that once approved, you will **NOT** be limited to only those students listed on this application and you will not be required to reapply if future students join your approved facility.

| | | | |
|------------|----------------------|------------|----------------------|
| Student #1 | <input type="text"/> | Student #3 | <input type="text"/> |
| Student #2 | <input type="text"/> | Student #4 | <input type="text"/> |

Preceptor Information

| | | | | | |
|---|----------------------|----------------|----------------------|-----------|----------------------|
| First Name | <input type="text"/> | Middle Initial | <input type="text"/> | Last Name | <input type="text"/> |
| Maiden or former name as may appear on license or diploma | <input type="text"/> | | | | |
| Email Address | <input type="text"/> | Daytime phone | <input type="text"/> | Type | <input type="text"/> |

Indicate your credentials below

- DVM VMD CVT RVT LVT Graduate of AVMA approved Vet Tech Program

IMPORTANT: All Veterinary Technicians MUST provide a current copy of state licensure or copy of a diploma from an AVMA approved veterinary technician program. Applications submitted without proof of credentials will NOT be approved.

Do not print this form until all required fields have been filled in electronically

Signature of Preceptor Applicant (original signature required)

Date

Print, sign and date this form and return via fax (505-566-3570), email (painterc@sanjuancollege.edu) or mail to San Juan College, Veterinary Technology Program, 4601 College Blvd., Farmington, NM 87402

Rev. 9/2018