Application for an Exemption through the Exemption Program for Clinical Preceptors and their Children

Name: (Last, First, Middle initial):

_____

Social Security Number:

_____

Exemption Term (must run concurrently with the employment as a preceptor, or start within 1 year of the end of the period of such employment):

_____/_____

Fall, spring, summer Year

Which condition applies to you?

☐ Clinical preceptor
☐ Child of clinical receptor

If you are the child of a preceptor, provide the following information:

_____

Preceptor's Name

_____

Preceptor's SSN

Provide the following information regarding the agreement under which the preceptor will be/is employed:

_____

Name of Educational Institution

Attach a copy of the agreement to this application before submitting the application to your institution

_____

Name of Affiliating Agency

If you have previously received an exemption through this program, please list the terms and years below:

Term	Year	Term	Year

Do you hold a baccalaureate (Bachelor's) degree? ☐ Yes ☐ No

Are you currently classified as a resident by this institution? ☐ Yes ☐ No

NOTE: An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.

I hereby certify that the information I have provided in this application is true and correct.

_____

Signature Print name Date