



Health And Life Organization, Inc. dba Sacramento Community Clinics

An FQHC-LA 501(c)(3) Non-Profit Organization

www.halocares.org

7275 E. Southgate Dr., Suite 204
Sacramento, CA 95823
(916) 428-3788

2200 Del Paso Blvd.
Sacramento, CA 95815
(916) 924-7988

5524 Assembly Court
Sacramento, CA 95823
(916) 642-1867

3030 Explorer Drive
Sacramento, CA 95827
(916) 642- 1868

PRECEPTORSHIP APPLICATION

(Rev. 8.20.19)

Thank you for your interest in precepting with our organization. Please complete this application and email the application along with copies of your most current TB test results, CPR/BLS certificate, and Hep B immunization to mthao3@halocares.org. A representative from the organization will contact you within 2-4 weeks to inform you if there is an opportunity available for you. If you do not hear from us within 2-4 weeks, please follow up with us.

Part 1 – Contact Information

Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone #: _____

Part 2 – Institution Contact Information

Institution Name: _____ Program of Study: _____

Address: _____

Clinical Coordinator's Name: _____

Clinical Coordinator's Email Address: _____

Part 3 – Preceptorship Information

1. When can you start this preceptorship? _____

2. How many hours will you need to complete? _____

3. What days and time are you willing to commit to this preceptorship?

4. What area of study (e.g. pediatric, primary cares, women health) are you looking to obtain preceptorship experiences in?

5. When you need to know if you are accepted for preceptorship? Please provide a date. _____

Part 4 – Certification and Acknowledgement

I certified that the information provided on this application are true and understand that by falsifying any information on this application is grounds for Health and Life Organization, Inc. to terminate or refuse to accept me into the preceptorship program. **I acknowledge that by submitting this application, I am not guarantee a position but is requesting for one if available.**

Applicant's Signature

Date

HR ONLY

Date Received: _____

Possible Preceptors: _____

Approved Preceptor: _____

Date Preceptee was notify: _____