

Preceptorship Program

2017 Application

PLEASE NOTE: Funding for the remainder of 2017 has been used.
You may select a preceptor in your area - no expenses will be covered.

STEP 1 - Complete Application

Preceptee Information

Name _____

Address _____

Email _____

Phone _____

Fax _____

ASLMS Member

Resident

Fellow

Preceptorship Details

Preceptorships must be a minimum of one week.

Start Date _____

End Date _____

Location _____

Type of Procedure(s)

Budget Request

PLEASE NOTE: Funding for the remainder of 2017 has been used. You may select a preceptor in your area - no expenses will be covered.

I understand any expenses incurred will be my responsibility.

Your Signature

Preceptor Information

Name _____

Address _____

Email _____

Phone _____

Fax _____

SAVE NOW

STEP 2 - Send to Preceptor for signature

Applications submitted without preceptor signature will automatically be rejected.

Preceptor Signature

STEP 3 - Submit to ASLMS

Required Attachments

- Current Curriculum Vitae.
- Essay outlining career, educational goals and how the preceptorship will impact your future or current practice of using lasers and other related technologies in medical and/or surgical applications.
- Residents must include a letter of support on official letterhead from their program director or chief of service.
- Signed and dated Preceptee Release Form (attached).

Application Submission

Email: information@aslms.org

Phone: (715) 845-9283

Fax: (715) 848-2493

Mail: Attention: Preceptorship Program, ASLMS, 2100 Stewart Avenue, Suite 240, Wausau, WI 54401