

University of Washington School of Medicine
Rural Underserved Opportunities Program
(RUOP)
Preceptor Application 2019



Thank you for your interest in serving as a preceptor for the RUOP 2019 season. The Area Health Education Center for Western Washington (AHECWW) and the UW School of Medicine work together to support RUOP placements.

Please complete the application questions below and submit by January 25, 2019 for priority consideration.

This application may be completed on-line at: <http://i.mp/2QYyDou> or AHECWW.org

Contact Information:

Clinic Name:	Clinic Type: <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Ob/Gyn (with Primary Care)
Primary preceptor's name:	Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <i>(Additional preceptors may be added: See page 2)</i>
Year(s) previously participated in RUOP: <i>(check all that apply)</i> <input type="checkbox"/> New to RUOP	<input type="checkbox"/> 2018 <input type="checkbox"/> 2017 <input type="checkbox"/> 2016 <input type="checkbox"/> 2015 <input type="checkbox"/> Other <i>(specify)</i> :
Preceptor's e-mail address:	Preceptor's direct line/cell phone:
For cell phones, please provide carrier company: <i>(Optional: used for text messaging via e-mail)</i>	<input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> T-Mobile <input type="checkbox"/> Sprint <input type="checkbox"/> Other <i>(specify)</i> :
Clinic Manager's Name:	Clinic Manager's direct phone number:
Clinic Manager's e-mail address:	
Credentialing Contact name <i>(if different from manager)</i> :	Credentialing Contact phone number:
Credentialing Contact e-mail address:	
Clinic Mailing Address:	City, Zip code (in Washington State)
Clinic Physical Address <i>(if different)</i> :	City (in Washington State)

Schedule Availability Information:

Preceptor is available for the following dates between July 2 and August 31, 2019:	<i>Available dates must comprise at least one consecutive 4-week period.</i>
Dates during which the preceptor is <u>not</u> available <i>(if possible, provide the name of physician who can provide coverage as preceptor during absence)</i> :	

Housing Availability Information: *Housing assistance makes rural placements possible. Lack of housing limits placements.*

Housing is available through: <input type="checkbox"/> Preceptor <input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community member	<input type="checkbox"/> Other:
Name of housing contact:	Relationship to Clinic (if any):
Housing e-mail address:	Housing contact phone number:

Clinic Information: *Please check the boxes below for all that apply:*

<input type="checkbox"/> Clinic provides obstetrical services	<input type="checkbox"/> Clinic provides pre-natal care
<input type="checkbox"/> Tribal Health Center	<input type="checkbox"/> Indian Health Services provider
<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Group Practice	<input type="checkbox"/> Hospital-based clinic
<input type="checkbox"/> Languages other than English spoken at clinic	<input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Clinic has capacity to host more than one RUOP student at a time (concurrently or sequentially)	<input type="checkbox"/> Preceptor has current faculty appointment with UW School of Medicine (Not Required)
<input type="checkbox"/> Preceptor is a former medical student in the Washington, Wyoming, Alaska, Montana, Idaho region	
Additional preceptors' name(s) (if applicable):	Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> MPH e-mail:
Please use this space for any additional information or clinic goals for participation in RUOP (optional):	

Additional Interests:

Clinic is interested in information about other preceptorship opportunities in fall, winter or spring for DNP students

Please indicate topics you would be interested in for CME:

- Vaccinations Cultural Humility Social Determinants of Health Palliative Care
 Other:



Please return the completed application by January 25, 2019 to:

Postal mail: Area Health Education Center for Western Washington (AHECWW)
 237 West Kellogg Road
 Bellingham, Washington 98226

E-mail: info@AHECWW.org Fax: (360) 383-4000

Applications received after January 25 will be considered if space is available.

Questions? info@AHECWW.org or (360) 383-3170.