

**UNIVERSITY OF WASHINGTON  
SCHOOL OF MEDICINE  
Department of Family Medicine  
Predoctoral Section**

**Application for Designation as Clinical Preceptor in Family Medicine**

Course/Program Rural/Underserved Opportunities Program (R/UOP) Date \_\_\_\_\_  
Name of Applicant \_\_\_\_\_ Degree \_\_\_\_\_  
Home Address \_\_\_\_\_  
Office Address \_\_\_\_\_  
Office Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Specialty \_\_\_\_\_ Board Certification # \_\_\_\_\_ Date \_\_\_\_\_  
State License # \_\_\_\_\_  
Education Medical School \_\_\_\_\_  
Internship/Residency \_\_\_\_\_  
Other \_\_\_\_\_  
Medical Practice Experience \_\_\_\_\_  
Medical Student Teaching Experience \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

Approved (University of Washington)

\_\_\_\_\_  
Roger Rosenblatt, MD MPH Date  
Faculty Coordinator, R/UOP

\_\_\_\_\_  
Thomas Greer, MD, MPH Date  
Director, Predoctoral Section, Family Medicine