



FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

## PRECEPTOR CONTACT INFORMATION UNDERGRADUATE MEDICAL EDUCATION

ONLY ONE FORM IS REQUIRED TO BE COMPLETED PER ACADEMIC YEAR.

Please use proper / legal names and avoid using abbreviations.

Completion of this form is mandatory to receive payment for teaching.

### Personal Information

Prefix:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms.
First Name:				
Last Name:				
Primary Email:				
Telephone Number:				
Fax Number:				
Professional Corporation (if applicable):				
College of Physicians & Surgeons Reg. #:				
Home Address:				
City:				
Province:				
Postal Code:				

*If you wish to have funds directly deposited to your account, please attach a void cheque*

### Teacher Profile

Do you have a Medical Degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Fellow <input type="checkbox"/> Resident
For Residents only:		
• Department		
• Program Director		
Do you have a full-time U of C appointment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please identify from the following:	<input type="checkbox"/> Clinical Professor	<input type="checkbox"/> Clinical Associate Professor
	<input type="checkbox"/> Clinical Assistant Professor	<input type="checkbox"/> Master Teacher
Do you have an Alternate Relationship Plan (ARP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify plan name:		
Do you have a Clinical ARP? (Family Medicine only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you being remunerated by another source for your teaching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify source name:		

### Departmental Information

Department:	
Department Head:	
Department Head Address:	
Date:	Signature:

Please complete and return this form to the UME office by fax at (403) 270-2681 or by email to [mdfinanc@ucalgary.ca](mailto:mdfinanc@ucalgary.ca)