

# Preceptorship Program Sample Application

*Attach Photo Here*

**Complete all sections of the application.**

1. Attach a passport-sized photo.
2. Attach an official copy of your medical school transcripts to this application.
3. Select three persons with knowledge of your skills and potential to serve as references and have each complete and return a confidential report.
4. Applicants will only be considered after this application and all other items are received by the Preceptorship Program Administrative Offices.

Passport #: \_\_\_\_\_

Country that issued passport: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

Applicant Name (Last, First): \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

## EDUCATION

List all colleges, universities, graduate, and professional schools attended at which credit has been received. (add additional paper if needed)

Institution	Dates Attended		Major	Degree received and date granted
	From	To		

**EXPERIENCE**

<b>Institution or Organization</b>	<b>Dates Attended</b> From                      To		<b>Nature of Work</b>

**PROFESSIONAL ORGANIZATIONS**

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**PUBLICATIONS AND PRESENTATIONS**

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**SCHOLARSHIPS, PRIZES, HONORS, OR OTHER AWARDS**

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Insert below a statement describing your general interests. Include the following in your personal statement:

1. Your reasons for seeking advanced training in hematology oncology.
2. Your career goals as to your plans for practice, research, training, community health programs, etc.
3. Any additional information that you feel is pertinent in considering your application.

**Return completed application form to the address below:**

Preceptorship Program  
APHCON  
3200 Southwest Fwy, Suite 3300  
Houston, TX 77027, USA