



P R E C E P T O R
MARSHALL UNIVERSITY SCHOOL OF MEDICINE
CONTINUING MEDICAL EDUCATION



REPORT OF PRECEPTOR TEACHING HOURS JANUARY – DECEMBER

REPORT PERIOD: START ___/___/___ TO ___/___/___ END

MD License Expiration Date: ___/___/___

PRECEPTOR: Name: _____ Signature _____
 Address: _____
 City, State, Zip: _____
 Telephone #: _____

STUDENT Name: _____
 Class Level: _____
 Course #: _____

IF APPLICABLE, ATTACH SUPPORTING DOCUMENTATION

P R E C E P T O R

DATE (m/d/y) <i>Example</i>	SUBJECT AREA (Use Codes) <i>Example</i>	LOCATION (Write-In) <i>Example</i>	INSTRUCTION DETAILS <i>Example</i>	HOURS <i>Example</i>
5/7/98	1	MUSOM	Patient History & Examination	1

P R E C E P T O R

TOTAL HOURS: _____
 * (see 20 hr. limitation below)

- SUBJECT AREA CODES**
- 1 → Family Practice
 - 2 → Internal Medicine
 - 3 → Pediatrics
 - 4 → Psychiatry
 - 5 → Obstetrics/Gynecology
 - 6 → Surgery
 - 7 → Other (_____)
(Write-In)

- SUBJECT AREA CODES**
- 8 → Other (_____)
 - 9 → Other (_____)
 - 10 → Other (_____)
 - 11 → Other (_____)
 - 12 → Other (_____)
 - 13 → Other (_____)
 - 14 → Other (_____)

-MEDICAL PRACTICE ACT-

*S11-6-2. Legislation Rule-WV Board of Medicine
 2.2-B. Teach medical education courses or lecture to medical students, residents, or licensed physicians, or serve as a preceptor to medical students or residents: Provided, that a physician may not count more than twenty hours in this category toward the required fifty hours of continuing medical education.

RETURN ORIGINAL FORM TO:
Department: _____
To: Department Chairperson
1600 Medical Center Drive
Huntington, WV 25701-3655

HOURS
 AWARDED: _____

Approved by:
 (X) _____
 Department Chair
 Date: _____