

# Application for an Exemption through the Exemption Program for Clinical Preceptors and their Children

<p><b>Name</b> (Last, First, Middle initial) _____</p> <p><b>Social Security Number</b> _____</p> <p><b>Exemption Term</b> (must run concurrently with the employment as a preceptor, or start within 1 year of the end of the period of such employment) _____/_____ fall, spring, or summer                      year</p>	<p><b>Which condition applies to you?</b></p> <p><input type="checkbox"/> clinical preceptor</p> <p><input type="checkbox"/> child of clinical preceptor</p> <p><i>If you are the child of a preceptor, provide the following information:</i></p> <p><b>Preceptor's Name</b></p> <p><b>Preceptor's SSN</b></p>
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*Provide the following information regarding the agreement under which the preceptor will be/is employed:*

<p><b>Name of educational institution</b> _____</p> <p><b>Name of affiliating agency</b> _____</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><i>Attach a copy of the agreement to this application before submitting the application to your institution.</i></p> </div>
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*If you have previously received an exemption through this program, please list the terms and years below:*

Term	Year	Term	Year

**Do you hold a baccalaureate (bachelor's) degree?** [ ] Yes [ ] No

**Are you currently classified as a resident by this institution?** [ ] Yes [ ] No

**NOTE:** An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.

**I hereby certify that the information I have provided in this application is true and correct.**

\_\_\_\_\_  
Signature                                      Printed Name                                      Date