



ccnm
CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

PRECEPTOR REGISTRATION FORM

INSTRUCTIONS

Practitioners: If you wish to participate in the CCNM Preceptorship Program, please complete this form if you are not currently registered as a preceptor with the Office of Clinical Education (OCE) or wish to update your registration. Please submit this form to the OCE at least 5 business days in advance of student preceptoring. You will be contacted by the OCE with additional preceptoring information and benefits.

Students: If you wish to register a health care professional in the CCNM Preceptor Program, for a one time preceptorship or for continued participation, please have the practitioner fill out the form and return it for submission to the OCE. The form must be submitted to the OCE at least 5 business days in advance of student preceptoring. You will be contacted *only* if there is a problem with the preceptor registration. **Please note that preceptorship with a practitioner not registered with the CCNM Preceptorship Program will not be credited.**

For more information on the CCNM Preceptorship Program please see the Preceptor Program Information document (located online at ccnm.edu/preceptor)

Required fields to be completed by the practitioner. Please print legibly.

Date: _____

Student Name (First): _____ (Last): _____ Student Number: _____

Practitioner Name (First): _____ (Last): _____

Business Name (if applicable) _____

Address: _____
Street Unit City Province/State Postal/Zip

Contact Information: _____
Phone # Fax E-Mail

What is the best time and method of contact? _____

Education, licensing and experience:

Health Care School Attended	Year Graduated	Degree Certification	Provincial/State License and number

Brief Description of Practice (including special focus areas):

Number of Years Practicing _____

Number of patients seen in an average week _____ average day _____



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Please indicate:

- I wish to participate in the CCNM Preceptorship Program and be added to the list of eligible preceptors.** By doing so I understand that I will allow prospective student preceptees to contact my office for preceptoring opportunities. As a CCNM preceptor, I will be eligible for CCNM alumni membership benefits, provided I allow for at least 30 hours for CCNM students to observe in my office each year. I may withdraw from the program at any time (also revoking free alumni membership benefits) and I will be removed from the official preceptor list.
- I wish to host a CCNM student for precepting this one time only. Do not add me to the CCNM Preceptorship Program list of practitioners.** I understand that I may join the CCNM Preceptorship Program in the future and receive all the attendant benefits. This does not preclude students from contacting me or my office through resources other than the CCNM Preceptor Program.

Practitioner Signature: _____

Date Signed: _____

When this form is complete and is submitted to the Office of Clinical Education (OCE), it is considered approved within 5 business days unless you receive an e-mail from the OCE stating otherwise. Preceptors will be contacted with alumni benefit access information shortly after submission/acceptance of this document.

****NOTE: Students will NOT receive credit for engaging in precepting with unapproved or non-registered practitioners****

Submit form to the Office of Clinical Education Drop Box, by mail, or fax.

Address: The Office of Clinical Education
The Canadian College of Naturopathic Medicine
1255 Sheppard Avenue East
North York, Ontario, Canada M2K 1E2
Phone: (416) 498-1255 ext. 241
Fax: (416) 498-3158
Email: OCE@ccnm.edu

For Office Use Only:

Approved by: _____

Date: _____