



## CFG APN Preceptorship & Clinician Internship Application

Thank you for your interest in CFG Health Network's programs. Please complete this form in its entirety. Please submit **this application, current CV, and documentation of course requirements** to Amber Biscardi at [abiscardi@cfgpc.com](mailto:abiscardi@cfgpc.com).

**\*Please note that CFG cannot guarantee placements**

Student Name	Phone Number	Personal Email	School Email	Emergency Contact Name & Number
Home Street Name	Home Address Line 2	Home City	Home State	Home Zip
School Program Name	School Program Address	School Program City	School Program State	School Program Zip
Name of Education Coordinator	Education Coordinator Phone Number	Education Coordinator Email	Do we have an affiliation agreement with your school?	Name of your anticipated degree
Application Deadline	Term Start Date	Term End Date	What are the total hours required for this term?	Population Requirements
Number of patients to be seen (if applicable)	What are your scheduling requirements?	Anticipated Graduation Date	How did you hear about us?	What are your tentative postgraduate plans?

<b>Are you aware of the CFG APN Residency Program (if applicable)?</b>	<b>What are you looking for to be successful in this endeavor?</b>	<b>Is there anything else pertinent we should be aware of regarding your application?</b>		