

LTC Intern Preceptor Identification Form

Intern Name

Preceptor Name

License Number

Preceptor Facility Name

Facility Address

Preceptor Phone

Preceptor Email Address

Note: 310:679-10-31(c) Interns are required to notify the Department if a change in preceptors becomes necessary during their internship. Approval of this change will be at the discretion of the Department.