

Texas Pediatric Society General Preceptorship Program

Student Information for Stipend (pre-clinical students only)

This form must be completed in its entirety and returned along with the Student's Evaluation of Preceptor and Preceptor's Evaluation of Student.

TPS use only:

Date received: ___/___/___

Check #: _____

Date mailed: ___/___/___

The stipend received is to be considered gross taxable income and must be reported on your annual tax return. At the end of the year, IRS Form 1099-Misc. will be sent to every student who receives \$600 or more. If you have any questions, please consult a tax advisor for clarification.

Note: Your check will be mailed to the address you have indicated below. Our office is not responsible for lost checks mailed by a third party to a different address. There will be a \$25 stop payment fee to reissue a lost check. This is also the address to which your tax form will be mailed next January. Please keep us informed of any changes of address.

Student Details

Student Name: _____

Medical School: _____ Graduation year: _____

Social Security No: - - _____

Mailing Address: _____

Preceptorship Details

Preceptorship Dates: **Start:** _____ **End:** _____ **Total Days worked:** _____

Dates the student was absent (if any): _____

Preceptor Name: _____

Preceptor's Office Address: _____

Preceptor's Verification

{To be signed by the student's preceptor at the conclusion of the preceptorship}

I hereby verify that _____ completed the Pediatric Preceptorship under my direction on the dates listed above.

Preceptor's Printed Name: _____

Preceptor's Signature: _____