

# 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:** \_\_\_\_\_

Dates the student was absent (if any): \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

## \*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: \_\_\_\_\_

**Return to:** The Texas Pediatric Society Preceptorship Program, 401 W. 15<sup>th</sup> St., Ste 682, Austin, TX 78701.  
 For information contact Anslee Boozer at 512.370.1563 Fax: 512.473.8659 anslee.boozer@txpeds.org