



190366 19999



## 2019 Rural & Frontier Health Care Preceptor Credit

● Tax Year	● SSN or ITIN

Preceptor's Last Name	Preceptor's First Name	Middle Initial
Preceptor's Email	Preceptor's Phone	
Credentials		

### Colorado License Type

- Doctor of Medicine   
  Doctor of Osteopathic Medicine   
  Advance Practice Nurse  
 Physician Assistant   
  Doctor of Dental Surgery   
  Doctor of Dental Medicine

License Number

Name of Preceptor's Practice and Location

Address

City	County	State	ZIP

Only 200 primary health care preceptors are entitled to claim this credit each tax year. In order to claim this credit, the preceptor must:

- Receive certification that the preceptor satisfied all requirements to receive the credit from the institution for which the preceptor teaches, whether it is an institution of higher education or a hospital, clinic, or other medical facility, or from the regional AHEC office with jurisdiction over the area in which the preceptorship took place.
- Send an electronic copy of the completed certification to the Department by email to dor\_preceptor@state.co.us.
- If the preceptor receives notification from the Department that the credit has been issued to him or her, file a Colorado income tax return and claim the credit on his or her return.

If applicable, Colorado AHEC Location

Students Preceptored – Include Name, School, Program Name, Dates of Clinical Rotation, Dates of Preceptorship

By executing this form, I certify that during the income tax year the taxpayer satisfied all requirements to receive the credit.

Signature of Person Authorized to Certify the Credit

