



PRECEPTOR REMUNERATION REQUEST FOR PERSONAL INFORMATION FORM

Faculty of Medicine, Memorial University
(COMPLETION OF THIS FORM IS REQUIRED ANNUALLY)

Memorial University protects your privacy and maintains the confidentiality of your personal information. If you have any questions about the collection and use of this information, please contact Melody Marshall, Coordinator, Rural Medical Education Network at rmen@med.mun.ca or 709-864-6367.

The information requested on this form is collected for the specific purpose as follows:

To approve payments for teaching services rendered to Memorial University medical students and/or residents as outlined in the Preceptor Remuneration Policy

If Incorporated: *(complete and sign this block)*

Incorporated Name: _____ **GST/HST#:** _____

Permanent Mailing Address:

_____ Street/P.O. Box

Daytime Contact Number: _____

_____ City & Province

_____ Postal Code

Signature: _____

Date: _____

If not Incorporated: *(complete and sign this block)*

Name: _____ **SIN:** _____

Permanent Mailing Address:

_____ Street/P.O. Box

Daytime Contact Number: _____

_____ City & Province

MUN Student Number: _____
(if applicable)

_____ Postal Code

Signature: _____

Date: _____

Fax To: 709-864-6362

Mail To: MELODY MARSHALL
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Suite M2M101A, Health Sciences Centre
300 Prince Philip Drive
St. John's, NL, A1B 3V6

