



**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 Sandra Badcock, Coordinator, Distributed Medical Education at [rmen@med.mun.ca](mailto:rmen@med.mun.ca) or 709-864-3486.

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)

<b>Incorporated Name:</b> _____	<b>Business #:</b> _____
<b>Permanent Mailing Address:</b>	
_____	
Street/PO Box	
_____	
City & Province	
_____	
Postal Code	<b>Daytime Contact #:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____

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

<b>Name:</b> _____	<b>SIN #:</b> _____
<b>Permanent Mailing Address:</b>	
_____	
Street/PO Box	
_____	
City & Province	<b>Daytime Contact #:</b> _____
_____	
Postal Code	<b>MUN Student #:</b> _____ (If applicable)
<b>Signature:</b> _____	<b>Date:</b> _____

**Fax To:** 709-864-6285

**Mail To:** SANDRA BADCOCK  
Coordinator, Distributed Medical Education  
300 Prince Philip Drive, Faculty of Medicine, M2M 219  
St. John's, NL; A1B 3V6

