



## Maryland Income Tax Credit for Preceptors in Areas With Health Care Workforce Shortages

Application for Tax Credit Certificate  
Application Period: December 1 – January 5

### Part 3: Proof of Preceptorship

**An academic institution official must type and sign this part of the application. It must be sent directly to the Maryland Department of Health by the school.**

#### 1. Preceptor Information

\_\_\_\_\_ (Preceptor’s Name) served as a preceptor without compensation for students at \_\_\_\_\_ (Academic Institution) in \_\_\_\_\_ (Tax Year).

This individual precepted \_\_\_\_\_ (total number of rotations) rotations with a total of \_\_\_\_\_ hours precepted for each rotation. Below is the name and hours precepted for each individual student.

#### 2. Student Information

Name of Student	Type of Student (Medical, NP, PA, RN, LPN)	School Name	Rotation Time Frame (Start – End Date)	Total Hours of Rotation Precepted
1.				
2.				
3.				
4.				

5.				
6.				
7.				
8.				
9.				
10.				

**3. Academic Institution Contact Information** (Please print name and sign):

\_\_\_\_\_  
Print Name of Academic Institution Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Academic Institution

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

Please return this application form by email to:

Office of Population Health Improvement  
Maryland Department of Health  
Email: [mdh.preceptortaxcredit@maryland.gov](mailto:mdh.preceptortaxcredit@maryland.gov)