



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

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: Workforce Coordinator
Office of Population Health Improvement
Maryland Department of Health
Phone: 410-767-6123
Email: mdh.preceptortaxcredit@maryland.gov