



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

Application Instructions

Below are instructions for filing an application with the Maryland Income Tax Credit for Preceptors in Areas With Health Care Workforce Shortages Program. Please make sure all information entered in the application is legible to minimize errors in processing the complete application.

There are four (4) application parts associated with the application. Only complete applications received by the stated application deadline will be reviewed.

Part 1: Completed and Submitted by the Applicant

1. **Tax Credit Information:** Provide the Tax Year for which the applicant is claiming the tax credit.
2. **Information about the Applicant:** Provide requested information.
3. **Information about the Applicant's Spouse:** If the applicant will file joint tax returns, check the box and provide the requested information.
4. **Qualification Criteria:** Provide information regarding the Program qualification criteria.
5. **Description of the Practice Site:** Provide information regarding the practice site(s) at which preceptorship rotations were conducted.
6. **Application Verification and Attestation:** Complete and sign to verify and attest to data provided.
7. **Supporting Documents:** It is essential that each of the supporting documents noted below is received by published deadlines. Data provided within each supporting document must be consistent and without contradiction in order to be accepted for review.
 - (a) **Part 2, Proof of Student Attendance:** Completed and submitted by the applicant. Must be completed in full, documenting the name, academic program and institution of precepted students with the rotation timeframe/hours for the preceptorship
 - (b) **Part 3, Proof of Preceptorship:** Completed and submitted by the academic institution of each precepted student. Form is used to validate Part 2.
 - (c) **Part 4, Professional License:** Submitted by the applicant. Submit a copy of your Maryland professional license (Physician, NP, PA, CNM, CNS, CRNA, RN, or LPN).
8. **Submission:** All completed documentation must be submitted to: **mdh.preceptortaxcredit@maryland.gov** by the published deadline. Applicants are responsible for ensuring all required parts of the application are completed fully and received on-time. Only complete applications will be considered.