

**ILADS & TURN THE CORNER FOUNDATION PRECEPTORSHIP**  
**APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MEDICAL CREDENTIALS: \_\_\_\_\_

Medical degree, venue, year

CERTIFICATIONS: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

TAX ID #: \_\_\_\_\_

If you have already made arrangement to train with an ILADS doctor, please indicate below his/her name and the anticipated dates of training: \_\_\_\_\_

\_\_\_\_\_

If you would prefer ILADS to make the arrangements, please indicate whether you have a preference for East Coast, West Coast, pediatrics, or other preferences.

How did you hear about this training program and why are you interested in participating?

If you are currently seeing Lyme patients, what percentage of your practice is dedicated to Lyme and/or other co-infections?

Please attach a current copy of your CV and medical license. This application may be mailed to PO Box 341461 Bethesda, MD 20827 OR Fax to 301 263 0776 OR e-mailed to [lymedocs@aol.com](mailto:lymedocs@aol.com)

**Current Reimbursement Policy:**

The training physician completes the application. When accepted by Lyme literate doctor, clerking doctor can expect to receive up to \$200 per diem for expenses plus \$2500 per week stipend for up to three weeks. All receipts must be presented for reimbursement. The hosting physician receives \$400 to cover minimal administrative costs.

**PRECEPTORSHIP SUMMARY**

**To be completed after the training:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_

\_\_\_\_\_

Doctor with whom you trained: \_\_\_\_\_

Dates: \_\_\_\_\_

Location: \_\_\_\_\_

May we quote your responses in marketing materials for TTC? \_\_\_\_\_

May we use your name in marketing materials for TTC? \_\_\_\_\_

Please summarize what you learned during your time with the training physician. Indicate how you believe this will impact your future practice. What were the highlights and how would you alter the program? Additional comments or suggestions. (May be sent on a separate sheet.)

Submit receipts for reimbursement along with this summary to the ILADS office:  
PO Box 341461 Bethesda, MD 20827. Please e-mail Barbara Buchman to let her know it is coming.