



170366 19999



Rural & Frontier Health Care Preceptor Credit

● Tax Year	● SSN

Preceptor's Last Name	Preceptor's First Name	Middle Initial
Preceptor's Email	Preceptor's Phone	
Credentials		

Colorado License Type

- Doctor of Medicine
 Doctor of Osteopathic Medicine
 Advance Practice Nurse
 Physician Assistant
 Doctor of Dental Surgery
 Doctor of Dental Medicine

License Number	

Name of Preceptor's Practice and Location	

Address	

City	County	State	ZIP

Only 200 primary health care preceptors are entitled to claim this credit each tax year. In order to claim this credit, the preceptor must:

- Receive certification that the preceptor satisfied all requirements to receive the credit from the institution for which the preceptor teaches, whether it is an institution of higher education or a hospital, clinic, or other medical facility, or from the regional AHEC office with jurisdiction over the area in which the preceptorship took place.
- Send an electronic copy of the completed certification to the Department by email to dor_preceptor@state.co.us.
- If the preceptor receives notification from the Department that the credit has been issued to him or her, file a Colorado income tax return and claim the credit on his or her return.

If applicable, Colorado AHEC Location	

Students Preceptored – Include Name, School, Program Name, Dates of Clinical Rotation, Dates of Preceptorship	

By executing this form, I certify that during the income tax year the taxpayer satisfied all requirements to receive the credit.

Signature of Person Authorized to Certify the Credit	

