**Directions:** Provide information for each Supervised Practice Experience rotation you have secured to apply to the CP. Be sure to input the information for each experience ***in the order*** it is listed in the upper left column text box. Add your contact information in the top section.

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| --- |
| **Full Legal Student Name, City/State of Residence, Emich Email, Phone Number** |
| **List the following information:****Preceptor Name & Credentials****Facility/Business Name****Full Address****Phone****Email** | *First Winter in the CP:***DTC 575 Outpatient****DTC 575 Long Term Care** | *Second Fall in the CP:***DTC 535 PP***Not needed at time of application.***DTC 535 SP***Not needed at time of application.***DTC 535 WIC***Not needed at time of application*. | *Second Winter in the CP***DTC 655***Not needed at time of application.* |
| *First Fall in the CP***DTC 351/551** | *Second Winter in the CP***DTC 671** |