**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** |