



OVCA FORM 143: DECLARATION OF CLINICAL/INDUSTRY PRECEPTORSHIP

Semester/Term: \_\_\_\_\_ School Year: \_\_\_\_\_  
College/Department: \_\_\_\_\_  
Program: \_\_\_\_\_  
Course/Subject: \_\_\_\_\_  
Year and Section: \_\_\_\_\_

Name of Affiliating Center/Hospital/Industry	Address of Affiliating Center/Hospital/Industry	Schedule of Faculty-in-Charge (Day/Time/No. of Hours/Duration or Period of Engagement)	Number of Students Deployed/Ratio between Faculty-In-Charge and Students



DE LA SALLE  
MEDICAL AND HEALTH SCIENCES INSTITUTE

OFFICE OF THE  
VICE CHANCELLOR FOR  
ACADEMIC SERVICES

Prepared:

\_\_\_\_\_  
Faculty In-charge

Endorsed:

\_\_\_\_\_  
Chair

Recommended:

\_\_\_\_\_  
Program Director

Approved:

\_\_\_\_\_  
Dean/Director

cc: Finance and Controllership Dept., Payroll Unit, AQM, File

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