

**California State University, San Bernardino**

College of Natural Sciences

Master of Science in Health Services Administration

**RESIDENCY AUTHORIZATION**

**Organization** \_\_\_\_\_

**Supervisor/Preceptor** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_ email \_\_\_\_\_

**Resident** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ email \_\_\_\_\_

**Residency Dates:** Start \_\_\_\_\_ End \_\_\_\_\_ (720 Contact Hours)

Remuneration: \_\_\_\_\_

**Scheduled Duties and/or responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training Opportunities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tentative Work Schedule:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Residency Site Supervisor/Preceptor Date

\_\_\_\_\_  
Student/Resident Date

\_\_\_\_\_  
Graduate Coordinator Date