



University of Colorado Denver

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**Colorado Area Health Education Center**

Anschutz Medical Campus  
Colorado AHEC System  
MS-433, P.O. Box 6508  
Aurora, CO 80045

December 1, 2008

Dear University of Colorado Denver Clinical Faculty Preceptor:

Thank you for participating in the University of Colorado<sup>1</sup> Denver Area Health Education Center (AHEC) teaching program for our students and medical residents. It is the generosity and dedication of local health care providers like you, acting as a preceptor, who do so much for the community. Your direct efforts allow this program to be a success in improving the health care delivery to rural areas in the State of Colorado. If you also hosted students with housing, we greatly appreciate your assistance with this too as this is essential to our educational efforts.

The University recognizes that you may have incurred out of pocket and unreimbursed costs on behalf of the AHEC program. Many preceptors and hosts incur the following types of unreimbursed costs:

- Meals for students
- Transportation
- Expenses paid by you for a student living with you
- Other out of pocket unreimbursed expenses of teaching

The attached, Volunteer Preceptor and Host Housing Forms may be used to identify the type and quantity of costs that you personally incurred. See [www.irs.gov](http://www.irs.gov) publications 526 and 561 regarding whether these unreimbursed costs will qualify as charitable contributions and consult your tax professional as appropriate.

Again thank you for your generosity for participating in this program.

Sincerely,

Jack Westfall, MD, MPH  
Director, Colorado AHEC System Office

David Gaspar, MD, FCFP, FAAFP  
Director, Rural and Community Care Clerkship

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<sup>1</sup> **TAX EXEMPT STATUS** – The University of Colorado is an instrumentality of the State of Colorado and an exempt organization under IRS Sections 115(a), 501(a), and 501(c)(3).



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**AHEC  
Gift-in Kind  
Volunteer Preceptor Form**

Date: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Preceptor's Address: \_\_\_\_\_

AHEC Outreach Site: \_\_\_\_\_

Calendar Year Preceptor provided Gift-in Kind: \_\_\_\_\_

Out of pocket expenses:

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**AHEC  
Gift-in Kind  
Host Housing Form**

Date: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Preceptor's Address: \_\_\_\_\_

AHEC Outreach Site: \_\_\_\_\_

Calendar Year Preceptor provided Gift-in Kind: \_\_\_\_\_

Out of pocket expenses:

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