



Graduate Nursing Preceptor Application

Revised April 2025

**PRECEPTOR APPLICATION
INSTRUCTIONS and CHECKLIST
UNIVERSITY OF CINCINNATI**

**** New: Student information section that MUST be completed by the student prior to the submission of preceptor application****

Preceptor applications will be reviewed for assignment based on the fulfillment of the following mandatory requirements:

- Licensed to practice in the jurisdiction of her/his employment
- Practitioner certified in her/his field of experience
- Master's degree or higher
- Submission of current professional curriculum vitae (or completion of all fields on the attached form)
 - **Please note: To meet accreditation standards, anyone serving as a preceptor for a Nurse Midwifery student must submit both the preceptor application and a current professional resume/curriculum vitae.**
- Preceptors must hold a minimum of 1 year experience under their advanced practice license and/or certification

NOTE: An acceptable preceptors and acceptable practicum sites cannot be perceived to have a conflict of interest as relates to evaluation of the student. Acceptable preceptors cannot be related to the student and may not work in the same department as the student. It is at the discretion of the faculty advisor which practicum sites and preceptor applications/Preceptors are appropriate for clinical courses.

Please complete the preceptor application application in its entirety and email your application materials to the designated location below. Please also include the student that you are precepting on your submission.

- **Email address:** conpreceptor@uc.edu **If an alternate submission method (or platform) is needed, please contact us.**
- Email is the primary method of communication within the University of Cincinnati. Please ensure the email address provided is accurate and frequently checked.
- Agreements may be required with clinical sites and the University of Cincinnati. UC can offer a Six (6) page Educational Affiliation Agreement (contract), depending upon the agency requirement. Educational Affiliation Agreements will be emailed to the site administrative contact. Educational Affiliation Agreements could take up to six months to process and finalize.
- If the student will be going to additional clinical sites during this experience, please confirm if an Education Affiliation Agreement is required for each additional site.
- Preceptors will receive a confirmation email containing instructions on how to log into the eMedley platform. This platform is used to verify student time logs and complete evaluations.

If you have any questions or encounter difficulty with the application process, please contact the appropriate Clinical Site Coordinator at:

Taylor Brisbin (taylor.brisbin@uc.edu
(513-558-0005):
Adult-Gero Acute Care Nurse Practitioner
Adult-Gero Primary Care Nurse Practitioner
Family Nurse Practitioner (Post-MSN Certificate and DNP Only)
Neonatal Nurse Practitioner

Melissa Joos (melissa.joos@uc.edu or (513) 558-2969):
Family Nurse Practitioner (MSN Only)
Nurse Education

Maureen (Mo) Koo (maureen.koo@uc.edu or
(513) 558-5290):
Nurse-Midwifery
Pediatric Acute Care Nurse Practitioner
Women's Health Nurse Practitioner

Joe Letizia (letizijh@ucmail.uc.edu or (513) 558-3815):
Adult-Psychiatric Mental Health Nurse Practitioner
Public Health Nursing (DNP)
Systems Leadership

PRECEPTOR APPLICATION

PRECEPTOR NAME _____
First Last Credentials

E-MAIL ADDRESS _____
All preceptor communications will be sent to the provided e-mail

CLINICAL SITE _____
() Work Telephone Number () Cell Telephone Number

Does this site require an affiliation agreement?

Active agreement in place
Yes agreement needed
No
Unsure

Clinical Site Name Population served (i.e. OB/GYN, Pediatrics, Primary Care, Specialty and type)
Street Address
City State Zip Code

Administrative Contact Name (Individual in charge of Affiliation Agreements) Administrative Contact Email Address

Administrative Contact Department/Title Administrative Contact Direct Telephone Number

Please provide the state(s) in which you are currently licensed to practice and subsequent license number(s)?

State and License # State and License #

Years in Clinical Area of Expertise Certification(s) (ex. ANCC, AANP)

Please fill out the following section or attach a copy of your current Professional Resume. Nurse Midwifery preceptors must submit a CV/Resume.

Level of Graduate Educational Preparation

Institution Year of Graduation Degree Earned

Institution Year of Graduation Degree Earned

☐ I hereby certify that the information I have provided in this application is accurate and complete.

Signature of Preceptor

Date

THIS SECTION TO BE COMPLETED BY STUDENT

Student must have a current, unencumbered license in the state(s) in which they plan to complete clinical hours.

In which semester(s) do you intend utilize this preceptor?

Spring Semester (January- April) Year Summer Semester (May – August) Year Fall Semester (August – December) Year

Student Name Enrolled Program

State and RN License(s) # Is your license compact? Yes No

Have you purchased a CastleBranch package? Yes No

Have you completed and uploaded all of your CastleBranch requirements? Yes No UC M#