

## Graduate Nursing Preceptor Application

## PRECEPTOR APPLICATION INSTRUCTIONS and CHECKLIST UNIVERSITY OF CINCINNATI

\*\* New: Student information section that <u>MUST</u> 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 <u>must</u> 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.

- <u>Email address</u>: <u>conpreceptor@uc.edu</u> 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:

<u>Taylor Brisbin (taylor.brisbin@uc.edu</u> (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
Adult-Psychiatric Mental Health Nurse Practitioner (DNP Only)

Melissa Joos (melissa.joos@uc.edu or (513) 558-2969):

Family Nurse Practitioner (MSN Only)
Nurse Education
Public Health Nursing (DNP)
Systems Leadership (formerly referred to as Nursing Administration)

## Maureen (Mo) Koo (maureen.koo@uc.edu or

(513) 558-5290): Nurse-Midwife

Pediatric Acute Care Nurse Practitioner
Women's Health Nurse Practitioner
Adult-Psychiatric Mental Health Nurse Practitioner
(Post Masters Only)



## PRECEPTOR APPLICATION

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	First	Last	Cre	edentials
E-MAIL ADDRESS				
	All preceptor communic	ations will be se	nt to the provided e-mail	
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CLINICAL SITE	Work Telephone Number		Cell Telephone Number	
Ooes this site require an affiliation agreement?	Clinical Site Name		Population served (i.e. OB Care, Specialty and type)	/GYN, Pediatrics, Prim
Active agreement in place			Care, Speciarry and type)	
Yes agreement needed	Street Address			
No				
Unsure	City	State	Zip	Code
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dministrative Contact Name	e (Individual in charge of Affiliation Ag	reements) A	dministrative Contact Email	Address
Administrative Contact D	epartment/Title	Administrat	ive Contact Direct Telephon	e Number
Please provide the state(s)	in which you are currently lice	ensed to practice	e and subsequent license n	umher(s)?
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