



Graduate Nursing  
Preceptor  
Application

Revised August 2022

**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 or fax 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](mailto: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)

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

**Jalicia Ruttino (jalicia.ruttino@uc.edu or (513) 558-3815):**  
Adult-Psychiatric Mental Health Nurse Practitioner  
Public Health Nursing (DNP)  
Systems Leadership (formerly referred to as Nursing  
Administration)

# PRECEPTOR APPLICATION

**PRECEPTOR NAME** \_\_\_\_\_  
 First Last Credentials

**E-MAIL ADDRESS** \_\_\_\_\_  
**All preceptor communications will be sent to the provided e-mail**

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Work Telephone Number Cell Telephone Number

**CLINICAL SITE**

**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 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

**Student Information: \*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

**Please email this form to [conpreceptor@uc.edu](mailto:conpreceptor@uc.edu). If an alternate submission method (or platform) is needed, please contact us.**