



Graduate Nursing

Volunteer Clinical
Faculty/Preceptor
Application Packet

Revised September 2021

**VOLUNTEER CLINICAL
FACULTY/PRECEPTOR APPLICATION
INSTRUCTIONS and CHECKLIST
UNIVERSITY OF CINCINNATI**

Volunteer Clinical Faculty (VCF) applicants 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 VCF 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: Acceptable VCF 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 VCF/Preceptors are appropriate for clinical courses.

Please complete the VCF application in its entirety and email or fax your application materials to the designated location below.

- **Email address:** conpreceptor@uc.edu **or Fax Number:** (513) 558-6417
- 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:

**Angela (Angie) Gresham (angela.gresham@uc.edu or
(513) 558-0005):**

**Adult-Gero Acute Care Nurse Practitioner
Adult-Gero Primary Care Nurse Practitioner
Family Nurse Practitioner (Post-MSN Certificate Only)
Neonatal Nurse Practitioner**

Melissa Joos (melissa.joos@uc.edu or (513) 558-2969):
Family Nurse Practitioner (MSN and DNP 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):
**Psychiatric Mental Health Nurse Practitioner Systems
Leadership (formerly referred to as Nursing
Administration)**

VOLUNTEER CLINICAL FACULTY PRECEPTOR APPLICATION

VCF/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

Clinical Site Name Population served

Street Address

City State Zip Code

**Does this site
require an affiliation
agreement?**

YES NO

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 _____

Institution _____ Year of Graduation _____ Degree Earned _____

In which semester(s) do you intend to serve as a Volunteer Clinical Faculty/Preceptor? Year _____

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

Student Name _____ **Specialty** _____

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

Signature of Volunteer Clinical Faculty/Preceptor Date