



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 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 (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# _____