University of CINCINNATI | COLLEGE OF NURSING

Graduate Nursing

Preceptor Application

Revised October 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 are required between clinical sites and the University of Cincinnati. UC will provide its approved Educational Affiliation Agreement (contract), based on the requirements of the clinical site. If the clinical site prefers to use its own affiliation agreement, the terms will be negotiated between the legal counsels of both parties. This negotiation process may take up to six months or longer to complete. All agreements will be emailed to the site's administrative contact for review and signature.
- 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 Soria (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

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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

Affiliation Agreement Status

☐ Active agreement in place

☐ No affiliation agreement is currently in place

_____
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** **Do you work for this organization?** ☐ **Yes** ☐ **No**

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

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