



COLLEGE OF NURSING

Master of Science in Nursing-
Nurse-Midwifery
Distance Learning Programs

Preceptor Application Packet

1-866-225-6764

Revised 5/2008

www.nursingonline.uc.edu

**PRECEPTOR APPLICATION INSTRUCTIONS
MSN NURSE-MIDWIFERY
DISTANCE LEARNING PROGRAMS**

UNIVERSITY OF CINCINNATI

Nurse Midwifery Preceptor 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
- Master's degree or higher
- Practitioner certified in her/his field of experience. If a CNM, certified as a nurse midwife by the ACNM/AMCB and competency maintained through CCA/CMP
- Submission of current curriculum vitae
- Meet the University of Cincinnati, College of Nursing and/or ACNM requirements for clinical precepting/teaching
- At least one year of clinical experience

It is a University of Cincinnati requirement that all potential preceptors successfully complete a professional preceptor training course prior to their clinical service. Applicants can submit verification of completion of a training course previously taken or they can take the online course offered by the University of Cincinnati. Time involved is approximately thirty minutes. Course is available at

www.nursing.uc.edu/nursemidwifery/preceptortraining

Payment

Preceptors for the nurse midwifery program will be paid at the completion of each clinical course. Payment is based on the clinical credit hours for each course. Payment can be payable to you as the preceptor or to your clinical site. If payment is to be made payable to your clinical site, a purchase order will be processed.

Course	Clinical Credit Hours	Rate	Total
Primary Care	2	\$156.00	\$312.00
Nurse-Midwifery I	5	\$156.00	\$780.00
Nurse-Midwifery II	8	\$156.00	\$1248.00
Nurse-Midwifery III	9	\$156.00	\$1404.00
Nurse-Midwifery IV	8	\$156.00	\$1248.00

In order to process payment, we will need the following forms faxed to Dora Jefferson-Gaynor, clinical site coordinator at 513-558-6417.

- Preceptor Payment Request Form
- Limited Services Engagement Form

These forms will be provided to you by the clinical site coordinator at the end of the clinical course. If you have any questions on the payment process, please work with the clinical site coordinator.

**PRECEPTOR APPLICATION CHECKLIST
MSN NURSE-MIDWIFERY
DISTANCE LEARNING PROGRAMS**

UNIVERSITY OF CINCINNATI

Please complete the three page preceptor application packet in its entirety and attach copies of

**Nursing/Medical License
Copy of Highest Degree
Copy of Certifications
Copy of Current CV
Copy of Preparation for Teaching**

If you encounter any difficulties by any portion of the application process, please contact Dora Jefferson-Gaynor, Clinical Site Coordinator at **(513) 558-2969** or **Dora.Jefferson-Gaynor@uc.edu**.

You may mail or fax all of your application materials.

If you choose to fax your application materials, please fax them to:

Dora Jefferson-Gaynor at (513) 558-6417

If you choose to mail your application materials, please mail them to:

**Ms. Dora Jefferson-Gaynor
Clinical Site Coordinator
University of Cincinnati
College of Nursing
310G Procter Hall
3110 Vine Street
Cincinnati, OH 45221-0038**

- After your application is received, the clinical site coordinator will send a confirming email of receipt of your preceptor application packet.
- Educational Affiliation Agreements (contracts) will be processed as soon as possible.
- Letters of Agreements will be faxed to the clinical sites before the start of the clinical course
- Course syllabus and evaluation forms will be emailed before the start of the clinical course.

Thank you for agreeing to be a preceptor for the MSN Nurse Midwifery Distant Learning Program.



PRECEPTOR APPLICATION
College of Nursing
MSN Nurse Midwifery
Distance Learning Programs

NAME First Last Credentials

Who should payment be made payable to: Preceptor Clinical Site

CONTACT INFORMATION:

E-MAIL ADDRESS
Email will be preferred method of communication
Home Telephone Number Cell Telephone Number

Agreements will be required with all clinical sites and the University of Cincinnati. UC can offer a one page Letter of Agreement or a three page Educational Affiliation Agreement (contract). Please indicate which type of agreement each clinical site will require. Letters of Agreements will be faxed and Educational Affiliation Agreements will be emailed to the administrative contacts. Educational Affiliation Agreements take several months to process and finalize.

CLINICAL SITE
Clinical Site Name
Street
City State Zip Code
Administrative Contact Name Email Address
Work Telephone Number Fax Telephone Number

Please indicate type of agreement required: Letter of Agreement Educational Affiliation Agreement (contract)

Will the student be going to additional clinical sites such as a hospital? If so we will need to arrange a Letter of Agreement and or an Educational Affiliation Agreement with each additional site.

ADDITIONAL SITE 1
Clinical Site Name
Street
City State Zip Code
Administrative Contact Name Email Address
Work Telephone Number Fax Telephone Number

Please indicate type of agreement required: Letter of Agreement Educational Affiliation Agreement (contract)

Preceptor Qualifications:

1. In what State(s) are you currently licensed to practice nursing/medicine and what is your license number? **PLEASE ATTACH COPIES OF LICENSES.**

State and License # _____ State and License # _____

2. List Highest Degree. **PLEASE ATTACH COPY OF DIPLOMA.**

3. List Certifications. **PLEASE ATTACH COPIES.**

*If a CNM, list and attach copies of ACNM/AMCB Certification and CCA/CMP Card.

4. Attach a copy of your Professional Curriculum Vitae that includes: relevant professional skills, education, relevant work experiences, and publications. **PLEASE ATTACH COPY.**

5. Submit evidence of preparation for teaching.

Have you completed a professional preceptor training course before? Yes No

PLEASE ATTACH COPY

If you have not taken a preceptor training course, the Nurse-Midwifery Distant Learning Program Preceptor Training course is available at

www.nursing.uc.edu/nursemidwifery/preceptortraining

Please complete and send forms along with this application. A completed certificate will be emailed back to you.

If MD/DO, please indicate CEUs, academic courses or workshops for teacher preparation:

What term will you begin to serve as a preceptor? (Check one)

- Fall Quarter/ _____ (Year) Winter Quarter/ _____ (Year)
 Spring Quarter/ _____ (Year) Summer Quarter/ _____ (Year)

STUDENT NAME _____

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

Signature of Applicant

Date



PRECEPTOR APPLICATION
College of Nursing
MSN Nurse Midwifery
Distance Learning Programs
Clinical Experience Verification Form

Directions: Please list your clinical practitioner experience. List your most recent position first and then your second most recent position—and so on.

List only those positions that were practicing as a practitioner and demonstrate clinical experience. Do not list your general work history (that is, employment outside advanced practice nursing or medicine).

Please have a supervisor who can verify this information authorize this form by signing it at the bottom of this page.

Table with 4 columns: Position, Agency/Clinical Setting, Supervisor, Dates of Employment. Rows 1-4 are empty for data entry.

Verifying Professional: (ANP, CNM, MD)

Form fields for Name, Facility, Title, Work Telephone Number, and Signature.