COLLEGE OF NURSING

Master of Science in Nursing-
Women's Health
Distance Learning Programs

Preceptor Application Packet

1-866-225-6764
Revised 5/2008

Hwww.nursingonline.uc.edu

PRECEPTOR APPLICATION INSTRUCTIONS and CHECKLIST
MSN WOMEN'S HEALTH
DISTANCE LEARNING PROGRAMS

UNIVERSITY OF CINCINNATI

Women's Health 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 WHNP or ANP, certification through NCC or AANP. If a CNM, certified as a nurse midwife by the ACNM/AMCB and competency maintained through CCA/CMP
- Submission of current curriculum vitae
- At least one year of clinical experience

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

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 a 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 Women's Health Distant Learning Program.

PRECEPTOR APPLICATION
College of Nursing
MSN WOMEN'S HEALTH
Distance Learning Programs

NAME _____ _____ _____
First Last Credentials

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 WHNP or ANP, list and attach copies of NCC or AANP certification. 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: r**elevant professional skills, education, relevant work experiences, and publications. **PLEASE ATTACH COPY**.

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 WOMEN'S HEALTH
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.

Position	Agency/Clinical Setting	Supervisor	Dates of Employment
1.			
2.			
3.			
4.			

Verifying Professional:
(ANP, CNM, MD)

_____
Name

_____
Facility

_____
Title

(_____)_____
Work Telephone Number

_____
Signature