University of Nebraska Medical Center, College of Nursing

Application for Appointment as Clinical Associate or Volunteer Faculty

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| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | | Middle: | | | Last Name: | |
| Identifying Information (This information will be used to generate your user account). | | | | | | | |
| Date of Birth (Month-Day-Year): | | | | Social Security Number: | | | |
| Employing Institution | | | | | | | |
| Name of Institution: | | | | | | | |
| Unit: | | | | | | | |
| Address: | | | | | | | |
| City: | | | State: | | | Zip: | |
| Work Phone #: | | | | E-mail: | | | |
| Home Information | | | | | | | |
| Address: | | | | | | | |
| City: | | | State: | | | Zip: | |
| Home Phone #: | | | | E-mail: | | | |
| Education | | | | | | | |
| Institution: | | | | Degree: | | | Date (Month-Year) |
| Institution: | | | | Degree: | | | Date (Month-Year) |
| Institution: | | | | Degree: | | | Date (Month-Year) |
| Licensure & Certification | | | | | | | |
| RN License #: | | Expiration: | | National Certification: | | | Expiration: |
| APRN #: | | Expiration: | |
| The Clinical Associate has primary responsibilities in clinical settings in which the College of Nursing places students for learning experiences, and they participate in various aspects of the academic programs of the College of Nursing. Appointees abide by the philosophy and procedures of the College of Nursing while participating in these activities.  The Clinical Associate is a role model for students; demonstrating one or both of the following elements: (1) complexity and sub-specialization of nursing practice, and (2) new and expanded roles. The Clinical Associate identified (in collaboration with faculty) specific learning experiences for students and communicates this information to persons in the setting in which he/she is employed. | | | | | | | |
| Personal Strengths: | | | | | | | |
| Contributions to Nursing Education (Please check all that apply): | | | | | | | |
|  | Acts as a role model in nursing practice. | | |  | Serves on College of Nursing Committees. | | |
|  | Provides supervision and evaluation of student performance based on course objectives. | | |  | Serves as a consultant and resource person to the faculty in relationship to clinical and/or management expertise. | | |
|  | Collaborates with faculty in the planning and provision of student experiences. | | |  | Participates in clinical conferences and classroom teaching. | | |
|  | Participates in preparation and socialization of students. | | |  | Promotes and/or initiates research or Evidence Based Practice Studies. | | |
| Signature: | | | | | | Date: | |
| Please attach your resume to this application. | | | | | | | |