**University of Nebraska Medical Center**

**College of Nursing**

**Volunteer Faculty Review**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (of Volunteer Faculty): | | | | | | | | | |
| Position / Title: | | | | | | | | | |
| Agency Name: | | | | | | | | | |
| Agency Address: | | | | | | | | | |
| E-mail Address: | |  | | Cell #: | | | | |  |
| Work Telephone: | |  | | Home Telephone: | | | | |  |
|  | | | | | | | | | |
| RN Nebraska License #: | |  | | APRN License #: | | | | |  |
| RN Expiration Date: | |  | | APRN Expiration Date: | | | | |  |
| CON Division this person resides in: | |  | | Certification (Type): | | | | |  |
| 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.  Serves on PhD or DNP Supervisory Committee for Graduate Project or Dissertation | | | |  | Promotes and/or initiates research or Evidence Based Practice Studies. | | | |
| Achieved Graduate Faculty Status? Yes No | | | | | | | | | |
| Faculty Recommendation  (Signature): | |  | | | | | | | Date: |
| (Check one box): | |  | Continue Appointment | | | |  | Discontinue Appointment | |
|  | | | | | | | | | |
| Assistant Dean (Signature): | |  | | | | | | | Date: |
|  | | | | | | | | | |
| See Policy 4.4.4 for information about Volunteer Faculty Appointments. Please return this completed form along with an updated CV to LaDonna Tworek in the Dean’s Office. | | | | | | | | | |