**University of Nebraska Medical Center**

**College of Nursing**

**Volunteer Faculty Review**

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| --- |
| 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. |