



Practice/Consulting Agreement

UNMC College of Nursing: Morehead Center

Practice site:
Faculty Member:
Rate:
Approximate hours/week:
Percent Practice FTE:
Term:

This document is NOT part of the contract for the practice site and is intended to show agreement between the Faculty, Assistant Dean, Associate Dean and Director of Morehead Center for Nursing Practice regarding the contract for the practice site. This form should be signed by each party prior to the contract being submitted to UNMC Business Services (signatory for Regents).

By: _____
 Faculty member

Date: _____

By: _____
 Assistant Dean

Date: _____

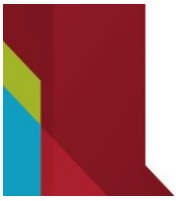
By: _____
 Director, Morehead Center for Nursing Practice

Date: _____

By: _____
 Associate Dean for Transformational Practice and Partnerships

Date: _____

Please return to Amelia Stoltman, Administrator, Transformational Practice and Partnerships. Once all signatures are obtained, a copy will be provided to the faculty member and the Assistant Dean. A copy will be kept on file at Morehead Center for Nursing Practice.



The undersigned hereby agrees to participate in the University Of Nebraska Medical Center College Of Nursing Clinical Revenue Distribution Plan and agrees that the terms include the following:

I shall be entitled to receive as faculty practice compensation during the term of this agreement:

Compensation equal to 50% (academic year) and 85% (nonacademic year) of all my faculty practice revenue, which includes salary and benefits collected per contract. The maximum amount allowable in total additional salary from all sources (e.g. practice, contract, supplemental compensation) is 25% of my base UNMC salary.

I would like to receive my faculty practice compensation in quarterly one-time pay, which is distributed as salary and benefits.

I would like my faculty practice compensation to be made available to me to use for travel, books, and other faculty development uses through bi-monthly deposits to my faculty development cost object number _____.*

The term of this Agreement begins on _____. This Agreement shall not be amended, terminated or renewed, except by written instrument signed by myself and duly approved and signed by authorized University personnel. Termination of this Agreement shall not affect my existing academic appointment as specified in the Bylaws of the Board of Regents with respect to my academic responsibilities.

Faculty Member

Date

*If no development cost object number, one can be created.