UCDAVIS HEALTH | BETTY IRENE MOORE SCHOOL OF NURSING

APPLICATION FOR PRECEPTORSHIP

Preceptor Information:

Name and Credentials:_____

Telephone:_____ **E-mail:**_____

Degree Achieved (e.g. MS, DNP, MD):_____ **Date Awarded:**_____

University Name City, State:_____

☐ **MD** ☐ **DO** ☐ **NP** ☐ **PA** ☐ **PsyD** ☐ **LCSW** **California License Number:**_____

☐ **MFT** ☐ **CRNA** ☐ **PMHNP** ☐ **Other**_____ **Month/Year you began practicing:**_____

Board Certification:

Are you certified by a national board? Yes No

Board Name(s):_____

Certification Name(s):_____

Supervising Physician (NPs and PAs only) Please provide the following for your supervising physician, if none put NA:

Name:_____ **License #:**_____ **Board Certification:**_____

Practice Information:

Facility/Clinic Name:_____

Street Address:_____

City:_____ **County:**_____ **State:**_____ **Zip Code:**_____

Practice Days/Hours ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ Days ☐ Evenings ☐ 24 hrs

Private Practice: Yes No **Do you practice in primary care setting?** Yes No

Number of examining rooms that are available to <u>you</u> on the days this student will be in the office. Rooms: _____

Clinic Manager/Coordinator (Or individual who should be cc'd on rotation information)

Name:_____ **Email:**_____ **Phone:**_____

Primary Languages of Patient Population: (and % if known. This will assist with student placement)

_____

Practice Specialty (please select all that apply):

☐ Family Medicine/Primary Care ☐ Women's Health/OBGYN ☐ Geriatrics

☐ Internal Medicine ☐ Pediatrics ☐ Nursing Home Practice

☐ Urgent Care ☐ Psych/Mental Health- Adult ☐ Telemedicine

☐ Surgery ☐ Psych/Mental Health- Pediatric ☐ Specialty_____

☐ Emergency Medicine ☐ Substance Use

Is your practice site a State of California Designated:

☐ Rural Health Clinic/Rural Hospital

☐ Health Care Access and Information (HCAI)

☐ County or Public Health Agency or Jail

☐ Department of Health Care Services (DHCS)-Mental Health Services Division (MHSD)

☐ Other state designated or funded clinic. Describe: _____

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Is your practice site a US Federally Designated:

- ☐ Community Health Center
- ☐ FQHC (Federally Qualified Health Center)
- ☐ FQHC Look A-Like
- ☐ Public Housing Primary Care Program
- ☐ Homeless Health Care Site
- ☐ Teaching Hospital
- ☐ Tribal Run Health Program
- ☐ Urban Indian Health Center
- ☐ Indian Health Service Site
- ☐ Migrant Health Center/National Center for Farmworker Health
- ☐ Other federally designated or funded clinic or health site (Describe:_____)

Insurance Information:

1. Has your medical license ever been revoked, suspended or limited in any manner? Yes* No
2. Have you been party to a malpractice action during the past five years? Yes* No
3. Have your hospital privileges ever been suspended, revoked, restricted, or not renewed? Yes* No
4. Provide the full name of your malpractice insurance carrier:_____

(Do not leave blank)

Preceptors are covered by the University of California professional liability only when they are precepting the DNP-FNP, PA, PMHNP, or CRNA student with whom they have an approved agreement and only for problems generated by the DNP-FNP, PA, PMHNP, or CRNA student.

***If you answered YES to any of the questions above, an explanation must be completed at the end of this application. An affirmative answer to any of these questions will not automatically preclude this application from being processed.**

Signature

I agree to release the University of California from civil liability regarding the processing of my application. Finally, I hereby release from liability any and all individuals and organizations that provide information to the University of California, Davis in good faith without malice concerning my professional competence, ethics, character and other qualifications to be a preceptor in the DNP-FNP, PA, PMHNP, or CRNA Program, and I hereby consent to the release of such information.

_____ _____

Preceptor Signature Date

Explanation

If you answered YES to any of the questions in the Insurance Information section above, please include an explanation below: