

Off-Campus Preceptorship Application

A pre-arranged four-week rotation occurring under the supervision of volunteer faculty not accessed through a third-party application platform, usually at a regional private clinic within the state of Nebraska.

An off-campus preceptorship **cannot be established within 8 weeks (about 2 months) of the off-campus preceptorship start date**. The ability to participate in an off-campus preceptorship is dependent on the Preceptor having an UNMC volunteer faculty appointment prior to the start date of the off-campus preceptorship.

Section 1 (completed by the student)

Student Name:

Off-campus Site:

Off-campus Site City:

Off-campus Site State:

Preceptorship Start Date:

Preceptorship End Date:

Preceptor Name:

Preceptor Email:

UNMC Course Number:

UNMC Course Title:

Student Action: Submit to the appropriate UNMC Phase 3 Career Specialty Track (CST) Director for completion of section 2.

Section 2 (completed by the UNMC Phase 3 Director)

The student named above has permission from the _____ Department to schedule the off-campus preceptorship for credit.

Department to schedule the off-

I confirm that the _____

Department Phase 3 CST Coordinator:

- has confirmed that the Preceptor has a UNMC volunteer faculty appointment;
- will email the Phase 3 Student Performance Evaluation (SPE) Packet containing: Behavior & Attributes, Clinical Rotation Evaluation and Recommended Grade forms to the Preceptor prior to the students' off-campus preceptorship start date; and
- that they will follow up with the host institution contact to ensure timely return of the Phase 3 SPE Packet upon the rotation end date.

As CST Director, I will review all Student Performance Evaluation (SPE) forms and assign a final grade to the student, and I will verify that the Phase 3 CST Coordinator submits evaluations to Oasis within 28 days of the off-campus preceptorship end date.

Approved by:
(Printed)

Date:

Approved by:
(Signature)

Department Action: Forward to comaa@unmc.edu for completion of section 3.

Section 3 (completed by the Office of Medical Education)**3A. COMPLETED BY THE ACCREDITATION & CURRICULUM PROJECT COORDINATOR**

I certify that an affiliation agreement is executed between the off-campus site and the UNMC College of Medicine.

Approved by:
(Printed)

Date:

Approved by:
(Signature)

3B. COMPLETED BY THE OME EDUCATIONAL PROGRAM COORDINATOR II

I confirm that I have entered the off-campus Preceptor into CORE. Permission is granted to schedule the off-campus preceptorship for credit.

Approved by:
(Printed)

Date:

Approved by:
(Signature)

OME Action: Forward to oasa@unmc.edu for completion of section 4.

Section 4 (completed by the Office of Admissions and Student Affairs)

The student named above is in good academic standing. Permission is granted to schedule the off-campus preceptorship for credit.

Approved by:
(Printed)

Date:

Approved by:
(Signature)

An off-campus preceptorship **cannot** be added to a student's schedule in OASIS without completion of all four (4) sections. The Office of Admissions and Students Affairs will provide a copy of the completed form to the student and the department upon approval.