NP Student Checklist for Clinical Placement

**IMPORTANT NOTE:** This process should not start until 3-6 months prior to the date that your clinical starts so that agreements and paperwork will not outdate.

All steps need to be repeated every semester. This is to determine if an up to date legal affiliation agreement contract exists between UIHC and your academic institution, or if we need to establish said affiliation agreement contract; and to assure your official admission as an NP student in good standing at your academic institution.

All post-baccalaureate students doing a nurse practitioner clinical rotation must be licensed in Iowa or a compact state where they have residency.

The very first thing that must happen is the clinical instructor MUST email Nathan Moler to request student placement at UIHC and to determine if there is an affiliation agreement between your academic institution and UIHC. Then complete the following four step checklist in order to complete your preceptor placement.

1. **Have your instructor e-mail Nathan Moler** ([nathan-moler@uiowa.edu](mailto:nathan-moler@uiowa.edu)) the information below:
   - Name of student requesting placement with a preceptor at UIHC
   - Objectives of the preceptorship
   - Goals of the preceptorship
   - Dates of clinical preceptorship (range is adequate)
   - Number of hours to be spent with each preceptor
   - Preceptor requirements
   - Any materials for the preceptor

2. **Secure your preceptors.** You are responsible for contacting the preceptor(s), and working with them to arrange and schedule all your clinical hours, as well as developing a professional relationship.

3. **Once you have secured your preceptor, provide Nathan Moler** ([nathan-moler@uiowa.edu](mailto:nathan-moler@uiowa.edu)) with the following information to complete the addendum contract. An addendum contract requires signatures from senior leaders at UIHC and can take two to three weeks, and **must** be signed prior to starting clinicals. You will be notified by Nathan Moler once the signatures are obtained.
   - Student Name
   - School name and location
   - School administrative or faculty contact
   - Type of student nurse practitioner
   - Preceptorship agreement dates from _________ to _________ (range is adequate)
   - Number of hours to be spent with each preceptor
   - UIHC department/division/unit of placement
   - Name/credentials of clinical preceptor

4. **Contact Judy Stephenson** ([judy-stephenson@uiowa.edu](mailto:judy-stephenson@uiowa.edu)) and complete all paperwork and provide the following information:
   - Provide proof of insurance
   - Provide health screen
   - Obtain student badge
Schedule orientation, including student Epic classes

Please keep all three of us on all correspondence as each of us provides a different role in setting up your placement. Thank you and we look forward to working with you.

Nathan Moler, MHA
Associate Deputy Director, Child Health Specialty Clinics
Department of Pediatrics, Division of Child & Community Health
University of Iowa Hospitals and Clinics
nathan-moler@uiowa.edu

Jessie Marks, MD
Medical Director, Child Health Specialty Clinics
Department of Pediatrics, Division of Child & Community Health
University of Iowa Hospitals and Clinics
jessie-marks@uiowa.edu

Judy Stephenson,
HR Manager, Child Health Specialty Clinics
Department of Pediatrics, Division of Child & Community Health
University of Iowa Hospitals and Clinics
judy-stephenson@uiowa.edu

www.chsciowa.org