

NAME (Please Print)

Application Date

**APPLICATION FOR ADMISSION**  
BSCLS Degree Advancement Option  
**THE UNIVERSITY OF NEBRASKA MEDICAL CENTER**

School of Allied Health Professions  
Distance Education Office  
984035 Nebraska Medical Center, Omaha, NE 68198-4035

Admission to the University of Nebraska Medical Center shall not be denied to any person because of age, sex, race, color, national origin, religion, political beliefs, or disability (as defined in The Rehabilitation Act of 1973).

Please note that applicants to the BSCLS Degree Advancement Option must:

- Graduate from a NAACLS-accredited MLT/CLT program and be certified or registry-eligible;
- Complete a minimum of 86 hours of specific college prerequisite courses **prior to enrollment** in the program;
- Present a minimum of 20 semester hours from a baccalaureate degree-granting institution (only 66 semester credit hours may be transferred from a community college);
- Present a C or better for all 86 hours of prerequisite coursework;
- Present a prerequisite GPA of at least 2.5 on a 4.0 scale;
- Present a science and math GPA of at least 2.5 on a 4.0 scale.

The 86 hours of specific college prerequisite coursework must include the following courses:

- English Composition      6 semester credit hours
- College Algebra            3 semester credit hours
- Communications            3 semester credit hours
- Statistics                    3 semester credit hours
- Biology                      16 semester credit hours  
(including general biology, microbiology, immunology, and genetics)
- Chemistry                    16 semester credit hours  
(including general, organic, and upper-level chemistry such as biochemistry)

Please indicate expected enrollment: (The BSCLS degree advancement option has 2 start dates during the year)

Year: \_\_\_\_\_ Semester:  Summer/Fall (July)     Spring (January)

Have you applied previously to UNMC?     Yes             No

If yes, indicate: Year(s) \_\_\_\_\_ Program(s) \_\_\_\_\_

I verify that I have read the applicant requirements above and understand the expectations of the BSCLS Degree Advancement Option. I believe I meet these requirements and wish to be considered for acceptance into the Clinical Laboratory Science Program at the University of Nebraska Medical Center.

Applicant Signature

**APPLICATION FOR ADMISSION**  
BSCLS Degree Advancement Option  
**THE UNIVERSITY OF NEBRASKA MEDICAL CENTER**

**After reading and signing page 1 of this application, complete the following steps:**

- 1. **COMPLETED APPLICATION & PROCESSING FEE:** Please complete the application and enclose a check or money order for \$45.00 payable to UNMC. This fee is non-refundable and not applicable toward tuition. **Applications cannot be processed until the fee is received.**
- 2. **RESUME:** Applicant must include a current resume with the completed application form. The resume should include an objective statement that addresses your interest in completing a Bachelor of Science degree and states your professional career goals. Please include all schools attended and dates of attendance, current place of employment and all previous places of employment since graduation from your professional program. Please indicate all certifications with current status.
- 3. **CONFIDENTIALITY STATEMENT:** Read and sign this form. Please note that this form **MUST** be notarized.
- 4. **DISCLOSURE STATEMENT:** Read and complete this statement; information on this form will be confidential.
- 5. **COMPUTER REQUIREMENTS & TECHNICAL COMPETENCY SKILLS STATEMENT:** Read and complete the enclosed statement regarding your computer access and technical skills, and submit with your application.
- 6. **PROOF OF COMPLETION:** Include proof of completion of a NAACLS-accredited medical laboratory technician or clinical laboratory technician program. This may include a copy of your degree, certificate of completion of the MLT/CLT program, or an official military transcript.
- 7. **CERTIFICATION:** Include copies of your current ASCP and/or NCA certification(s), if applicable.
- 8. **PHOTOGRAPH:** Photographs are not required from applicants to the BSCLS program. Pictures are not used for the admissions process, but will be required by the program for accepted students.
- 9. **ACADEMIC & PROFESSIONAL REFERENCES:** Applicants are to copy and distribute the enclosed forms with stamped envelopes to the references for completion and return directly to the address on the form. Three (3) references are required. All references will be verified as part of the admissions process. **References should not be submitted from relatives.**
- 10. **PRECEPTOR AGREEMENT FORM & RESUME:** Applicants should select a preceptor and request that they read and sign the enclosed preceptor agreement form. Include the completed form (page 2 of 2) and a copy of the Preceptor's current resume with the application. See the form for specific preceptor requirements.
- 11. **TRANSCRIPTS:** Applicants must request that an official transcript with a raised seal be sent by the Registrar of **each** institution previously attended **directly\*** to the Distance Education Office at the address listed on page 1 of this application. Official transcripts are required from each college and university attended, as well as your professional MLT or CLT program.  
  
***\*Transcripts sent to the UNMC Office of Academic Records will not be received by the program, so please verify that all transcripts are sent to the Distance Education Office at the address listed above.***
- 12. Mail completed application and fee to the Distance Education Office at the address at the top of page 1 of this application. All materials submitted in support of your application are due by the application deadline and become the property of the University. They cannot be returned or forwarded. **Incomplete applications will not be considered.**

# UNMC Application for Admission

Please Type or Print in Ink

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\*SOCIAL SECURITY #

Gender:  Female  Male

Birth date:  /  /   
Month Day \*Year

Name: \_\_\_\_\_  
Last First MI Maiden Other Names Used

Current Address: \_\_\_\_\_  
Street Address County  
\_\_\_\_\_  
City State Zip Code

E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Birthplace: \_\_\_\_\_ City/State What is your Legal Residence? \_\_\_\_\_ County/State/Country

How did you learn about this program? \_\_\_\_\_  
\_\_\_\_\_

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## NON-U.S. CITIZENS — Please complete the following:

Country of Citizenship: \_\_\_\_\_ Last Visa Classification: \_\_\_\_\_

Arrival Date in U.S.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Permanent Residents ~ list Alien Card number (Form I-151): \_\_\_\_\_

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## UNITED STATES CITIZEN: PREDOMINANT ETHNIC BACKGROUND\*

Supplying this information is optional with the applicant and is not a requirement for admission. The data is used by the U.S. Departments of Health & Human Services and Education for statistical purposes only.

CAUCASIAN.

ASIAN OR PACIFIC ISLANDER. Check Subcategory:

Chinese  Filipino  Hawaiian  Korean  Japanese  Indian or Pakistani  Other

BLACK. Not of Hispanic Origin (A person having origins in any of the Black Racial Groups.)

HISPANIC. Check Subcategory:

Mexican  Puerto Rican  Cuban  Central or South American  Other Spanish culture or origin

AMERICAN INDIAN OR  ALASKAN NATIVE (A person having origin in any of the original peoples of North America.)

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\*Information not used in Admissions process; required for tracking purposes and/or statistical information only.

**RECORD OF EMPLOYMENT.** List in reverse chronological order.

Employer Name: Address: City, ST:	Job Title: Inclusive Dates:
Employer Name: Address: City, ST:	Job Title: Inclusive Dates:
Employer Name: Address: City, ST:	Job Title: Inclusive Dates:
Employer Name: Address: City, ST:	Job Title: Inclusive Dates:
Employer Name: Address: City, ST:	Job Title: Inclusive Dates:

**EDUCATIONAL INFORMATION**

ACT Score: \_\_\_\_\_ Year Completed: \_\_\_\_\_ SAT Score: \_\_\_\_\_ Year Completed: \_\_\_\_\_

**NAME ALL EDUCATIONAL INSTITUTIONS ATTENDED** List in chronological order the high school of graduation and **ALL** colleges, universities, professional, technical or business schools **ATTENDED**. Begin with high school of graduation.

School Name	City	ST	Dates				# of Credit Hours Earned	Cum. GPA	Degree/Certificate Earned	Date Rec'd	
			Entered		Left					Mo.	Yr.
			Mo.	Yr.	Mo.	Yr.					

**WORK IN PROGRESS.** Please list all classes in progress and those you will complete prior to your enrollment in the BSCLS.

Start Date		Dept	Course #	Name of Course	Name of Institution	Credit Hours	End Date	
Month	Year						Month	Year

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**Please provide a narrative describing your interest in your specific discipline, particularly stressing your professional career goals and motivation for seeking a baccalaureate degree. Additionally, please describe your current clinical laboratory experience as an MLT/CLT.**

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**FOR ALL APPLICANTS:**

One of the objectives of the University of Nebraska Medical Center is to recruit and retain persons of high moral and ethical character. In accordance with this objective, the University of Nebraska Medical Center reserves the right to review a candidate's suitability for admission and make a selection of acceptance or rejection within those guidelines.

By typing/signing my name below, I recognize that I am submitting my signature, and certify that information on this application is complete, accurate and true; and I understand that any information given falsely or withheld may make me ineligible for admission and/or enrollment. I agree to abide by the policies and regulations of the University of Nebraska Medical Center, School of Allied Health Professions, and the Clinical Laboratory Science Program, and will inform the program of any change in my plans to enroll.

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Applicant's Signature

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Date

**UNIVERSITY OF NEBRASKA MEDICAL CENTER**  
**School of Allied Health Professions**  
**BSCLS Degree Advancement Option**  
**Confidentiality Statement**

The BSCLS Degree Advancement Option (DAO) at the University of Nebraska Medical Center provides a way for working clinical laboratory technicians to earn a Bachelor of Science degree through distance education technology.

1. Students are required to designate a preceptor to proctor their exams and provide verbal and/or written feedback evaluations as needed. This preceptor is typically a supervisor also employed at the facility where the student works.
2. Students may be assigned to submit clinical case studies, conduct informal group discussions, survey staff, and/or initiate and implement a project for which they will utilize the facility where they work.
3. By utilizing the resources available at the facility where they work, students must be particularly concerned with and responsible for the confidentiality of all information that is obtained.

DAO students must read, sign, and abide by the following statement. This form must be notarized.

**OATH OF NONDISCLOSURE**

As a student enrolled in courses at UNMC, and as a health care professional in my healthcare employment position with access to patient information, I agree to maintain the confidentiality of all information that is obtained, including patient medical, personal, and financial information. I understand that Nebraska, the State in which I work, and Federal law protects the confidentiality of such information and that I will be personally liable for any breach of this duty. I hereby hold the organization for which I work, and UNMC, harmless for any such breach.

Student: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Clearly

Notary: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Clearly

Date: \_\_\_\_\_

Notary Seal Here

Please complete this form.  
Provide a copy for your preceptor and return the original to the:

**Distance Education Office**  
**School of Allied Health Professions**  
**984035 Nebraska Medical Center, Omaha, NE 68198-4035**

**UNIVERSITY OF NEBRASKA MEDICAL CENTER  
DISCLOSURE STATEMENT**

**BSCLS Degree Advancement Option**

Completion of this agreement is a formal part of the application process. This form must be completed and submitted along with your application to the Distance Education Office before any offer of admission can be made. The University of Nebraska reserves the right to verify this information with the appropriate law enforcement and/or regulatory agencies.

A positive response to any of the questions will not necessarily result in denial of admission. Information on this form will be available ONLY to the Director and Admissions Coordinator for evaluation of your suitability for full admission. The information will be kept **CONFIDENTIAL**.

**If any of your answers to the following questions change during your time in the program, you MUST contact the Distance Education Office and update this form. It is your obligation and responsibility to make sure the program is aware of any situations that may arise.**

1. Have you ever had a health care license cancelled, limited, suspended, revoked, or denied for any reason? ..... YES NO
2. Have you ever been subject to proceedings by a licensing agency to cancel, limit, suspend, or revoke your health care license or certification? ..... YES NO
3. Have you ever been convicted of any criminal offense (including felonies and/or misdemeanors) other than a minor traffic violation or been a defendant in a civil suit? .... YES NO

In evaluating conviction records, the University of Nebraska Medical Center considers the following factors:

- a. Circumstances surrounding the conviction, and the relative relationship of the conviction to the degree advancement option;
- b. The time interval from the conviction to submission of an application for admission;
- c. Other relevant history; and
- d. Degree of rehabilitation.

4. Have you ever been given a dishonorable discharge from the U.S. Military? ..... YES NO
5. Are you currently using alcohol or a controlled substance(s) that would affect your ability to participate in, or prevent you from successfully completing, an academic program in a reasonable period of time? ..... YES NO
6. Have you ever had any substantiated referrals for child or adult maltreatment that would be on file with the Child or Adult Abuse/Neglect registry of your state? ..... YES NO  
(You may be required to give authorization for a release of information for this registry.)

**FOR ANY YES RESPONSES (Items 1-6), PLEASE APPEND DETAILS ON A SEPARATE SHEET**

I certify that information on this form is complete, accurate, and true. I understand that ANY information given falsely or withheld on this form, or any other documents related to the BSCLS, will make me ineligible for admission, continued enrollment, or degree completion.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

**BSCLS Degree Advancement Option**  
**Distance Education Computer Requirements & Technical Competency Skills**

**Recommended Minimum Computer Requirements:**

<b>Processor:</b>	2.0 GHz Pentium/Celeron/AMD or higher	<b>Web Browser:</b>	Internet Explorer 7 (or higher)
<b>Memory:</b>	1 Gb RAM or higher	<b>Internet Access:</b>	High Speed Cable Internet
<b>Storage:</b>	40Gb Hard Drive or higher	<b>Software:</b>	Microsoft Office 2007
<b>Operating System:</b>	Windows XP or later (Home or Professional edition)		<a href="#">Real Player</a> (Free Download)
<b>CD/DVD Drive:</b>	CD Burner (required) DVD Burner (recommended)		<a href="#">Updated antivirus software</a>
			<a href="#">Java</a> (Free Download)
			<a href="#">Adobe Flash Player</a> (Free Download)

**Technical Competency Skills Requirements:**

**Skill: Windows XP or higher**

You need a functional understanding of the Windows desktop, such as:

- Starting and closing a program
- Using the taskbar
- Help
- Copy and paste between programs
- Using Windows Explorer (file manager)
- Dialog Boxes (a popup box with additional information)
- How to use the clipboard to cut and paste and embed/link features

**Skill: Internet**

You need a functional understanding of the following:

- Print
- Search
- Browse
- Bookmarks
- File Transfer
- Download files
- Install plug-ins and/or software
- Participate in online chat groups, discussion groups, and tutorials

**Skill: Office Software Packages (Office 2007 or higher)**

You need a basic knowledge of how to use Word, PowerPoint, and Excel, such as:

- Keyboarding/Typing
- Tool bar/Menu bar
- Page formatting (page numbering, line spacing, margins – left, right, top, and bottom margins)
- Printing (word document, spread sheet, or presentation handout)
- Automatic spell and grammar check
- Landscape and portrait
- Use of Thesaurus
- Creating tables
- Text editing (cutting, moving, copying, and pasting)
- Viewing PowerPoint presentations (you may have to create presentations for some of your courses)

**Skill: E-Mail**

You need a functional understanding of the following:

- Send, receive, and delete messages
- Attach and detach files
- View and launch attached files
- Print messages

PLEASE NOTE: Microsoft Work and Word Perfect are **NOT** acceptable.

By signing my name below, I recognize that I am submitting my signature, and I certify that information on this form is complete, accurate, and true. I have access to a computer system and the Internet with the minimum requirements listed above. I understand that it is my responsibility to maintain my own computer system and/or access to an equivalent system throughout my enrollment in this degree advancement option. I have reviewed and understand the technical competency skills that will be expected of me to successfully complete this online degree advancement option.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**UNIVERSITY OF NEBRASKA MEDICAL CENTER**  
**BSCLS Degree Advancement Option**  
**Academic & Professional References**

**Applicant Instructions:** Copy the reference forms as needed and distribute to your referents with stamped envelopes. References should NOT be submitted from relatives, and should include at least one professional reference. Applicants should include a minimum of three references for review. Each reference will be verified as part of the admissions process.

Please note: Under the Family Education Rights and Privacy Act, students of the University of Nebraska have the right to inspect their files upon request. However, letters of recommendation are destroyed at the time selections are made and prior to the individual becoming a student. Therefore, an applicant will never see a reference form. Once the forms/letters serve their purpose, they are destroyed. This policy assures the person writing the recommendation that this letter will remain confidential.

**Referent Instructions:** This applicant is applying for admission to the BSCLS Degree Advancement Option at UNMC. The BSCLS Admissions Committee greatly appreciates your thoughtful opinions of this person. ***Please be sure to sign and date the bottom of BOTH pages.***

Personal recommendations are a very important part of the application, and they are reviewed carefully by members of the Admissions Committee. We are anxious to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for baccalaureate-level study and advanced professional development. Therefore, we ask you to provide a thoughtful and sincere appraisal of this applicant. If you do not know the applicant well enough to complete this form, please notify him/her and return the form. Your early reply is appreciated.

Please note: It may not be possible to thank each individual for completing a recommendation form. However, we want you to know that we are aware of the time required to submit a reference, and both we and the applicant are most appreciative of your response. We will contact you to verify this reference.

**Please return form to:**

SAHP Distance Education Office  
University of Nebraska Medical Center  
984035 Nebraska Medical Center  
Omaha, NE 68198-4035

**UNIVERSITY OF NEBRASKA MEDICAL CENTER  
BSCLS Degree Advancement Option  
Academic & Professional References**

Applicant Name: \_\_\_\_\_

**Please Type or Print Form:**

Your Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Your Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Acquaintance with Applicant**

How long and in what capacity have you known this applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summary of Applicant Potential**

Please discuss the applicant's potential for baccalaureate-level study and advanced professional development: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use only – Reference Verified**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Program Official: \_\_\_\_\_

**Personal and Professional Appraisal**

Please rate the applicant in the following categories, using a scale of 1 to 5 with 5 being superior and 1 being poor. If you have no basis for evaluation in any category, please check "No Basis." Comments for ratings below average are helpful and greatly appreciated.

Characteristic	Superior 5	4	Average 3	2	Poor 1	No Basis	Comments
Academic Potential for Advanced Study							
Mathematics and Computer Skills							
Oral Communications Skills							
Written Communications Skills							
Analytical/Technical Skills							
Problem Solving Ability							
Organizational Ability							
Ability to Work with People							
Initiative/Motivation							
Ability to Work Independently							
Ability to Focus on the Task-at-Hand							
Flexibility/Ability to Adapt to New Situations							
Reliability							
Integrity							
Sense of Responsibility							
Leadership							
Other:							

**Overall Recommendation:**

Strongly Recommend     
  Recommend     
  Recommend with Reservations     
  Do not Recommend  
 (Please explain with an attached page)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dear Sir or Madam,

You are being asked to serve as a preceptor for a clinical laboratory professional who wishes to enroll in the BSCLS Degree Advancement Option (DAO) at the University of Nebraska Medical Center. This program is offered via distance education technology, allowing technicians to complete their baccalaureate degree in clinical laboratory science on a part-time basis while continuing to work and live in their own community.

The purpose of the preceptorship is to provide a “mentor-student” relationship in the organization or community where the student works. The student has asked you to participate because he/she looks up to you professionally and respects your work. Please consider spending some extra time with this student. It is our hope that even though this technician may be quite experienced, you will find ways to challenge him/her and expand his/her current knowledge and skills.

The Preceptor Guidelines and Responsibilities and agreement form are enclosed for you to sign if you agree to participate as a preceptor for this student. Please return the Agreement Form and a copy of your current resume to the applicant and retain my letter for your records. Feel free to contact me with any questions, concerns, or comments at anytime.

Thank you in advance for your interest and support in helping this applicant pursue his or her educational objectives.

Sincerely,



Janice Tompkins, MPH, MT(ASCP)  
Director of Distance Education  
jtompkin@unmc.edu  
1-800-626-8431, ext. 97633  
[www.unmc.edu/alliedhealth/cls/bscls](http://www.unmc.edu/alliedhealth/cls/bscls)

**BSCLS Degree Advancement Option**  
**Bachelor of Science in Clinical Laboratory Science**  
**Preceptor Requirements and Responsibilities**

The BSCLS Degree Advancement Option (DAO) at the University of Nebraska Medical Center provides a way for working clinical laboratory technicians to obtain a baccalaureate degree through distance learning technology. The DAO is intended for people interested in completing their degree while they continue to work as clinical laboratory professionals without having to leave their own community to attend on-campus classes.

A vital feature of the DAO is the support provided by volunteer program preceptors. The DAO would not be possible without the assistance and dedication of our preceptors.

**Preceptor Requirements**

All preceptors must meet the following criteria:

- Baccalaureate degree, preferably in Clinical Laboratory Science or other healthcare-related field
- Certification, preferably MT(ASCP) or CLS(NCA)
- Supervisor/Educator experience

**Preceptor Responsibilities to the Student and Program**

Throughout the student's enrollment in the DAO, the Preceptor may be called upon to:

- Proctor (or arrange for proctoring of) quizzes and/or exams at a mutually agreeable time and location for the proctor and the student.
- Provide requested documentation of competency and/or proficiency of the student's technical performance.
- Provide verbal and/or written feedback evaluating a presentation or demonstration given by the student.
- Allow the student to study clinical cases, make digital copies of images, and consult supervising technologists, laboratory managers, or physicians while maintaining patient confidentiality in accordance with the employer's policies and procedures.
- Allow the student to conduct informal group discussions, survey staff, and/or initiate a quality improvement project.
- Inform the Program of any significant problems that develop which require faculty attention, knowledge, or consultation.

**Student Responsibilities to the Preceptor**

Throughout the student's enrollment in the DAO, the student will:

- Provide program advisors with the Preceptor's contact information when applicable.
- Notify Preceptor of any course activities that require their participation at the start of each semester enrolled.
- Initiate scheduling and coordination of activities at a mutually agreeable time and location for the preceptor and the student.

**Program Responsibilities to the Preceptor**

Throughout the student's enrollment in the DAO, the Program will:

- Provide the Preceptor with appropriate evaluation forms and instructions for their completion when applicable.
- Coordinate with the Preceptor for delivery of testing materials and provide instructions for quizzes and exams, which require proctoring.
- Request documentation of competency and/or proficiency of the student's technical performance as needed.

**BSCLS Degree Advancement Option  
Bachelor of Science in Clinical Laboratory Science  
Preceptor Agreement Form**

I hereby agree to serve as a Preceptor for the applicant listed below during their enrollment in the BSCLS Degree Advancement Option at the University of Nebraska Medical Center.

I agree to perform the following services on an "as needed" basis when sufficiently notified by the student or Program faculty and staff:

- Proctor (or arrange for proctoring of) quizzes and/or exams at a mutually agreeable time and location for the proctor and the student.
- Provide requested documentation of competency and/or proficiency of the student's technical performance.
- Provide verbal and/or written feedback evaluating a presentation or demonstration given by the student.
- Allow the student to study clinical cases, make digital copies of images, and consult supervising technologists, laboratory managers, or physicians while maintaining patient confidentiality in accordance with the employer's policies and procedures.
- Allow the student to conduct informal group discussions, survey staff, and/or initiate a quality improvement project.
- Inform the Program of any significant problems that develop which require faculty attention, knowledge, or consultation.

I verify that I meet the Preceptor requirements. I agree to provide a resume and my contact information below for use by the student and the Program faculty and staff.

NAME of Student: \_\_\_\_\_  
Typed or Printed

NAME of Preceptor: \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Typed or Printed

TITLE of Preceptor: \_\_\_\_\_

CREDENTIALS of Preceptor: \_\_\_\_\_

BUSINESS NAME of Preceptor: \_\_\_\_\_

WORK ADDRESS of Preceptor: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

WORK PHONE of Preceptor: \_\_\_\_\_  
(Include area code and extensions if applicable)

WORK EMAIL of Preceptor: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

DATE of Preceptor Signature: \_\_\_\_\_

**Please provide all requested information on this form, and return it and a copy of your current resume to the student for return to the Distance Education Office with their application.**

<b>For office use only – Preceptor Approved</b> Date: ____/____/____ Program Official: _____
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