

*Women's Health Care Nurse Practitioner Program*

**Information Bulletin • Application Packet**



**Classes Scheduled:**

**August 29, 2005**

**January 16, 2006**

**Application deadline: ongoing**

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS**

**SOUTHWESTERN**

**DIVISION OF COMMUNITY WOMEN'S HEALTH CARE**

Women's Health Care Nurse Practitioner Program

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## *PROGRAM OVERVIEW AND GOALS*

### *ACCREDITATION*

The Women's Health Care Nurse Practitioner Program (WHCNPP) is a certificate education program that prepares registered nurses (RNs) to practice in the advanced nursing role of a women's health nurse practitioner (WHNP). It is accredited by the Board of Nurse Examiners (BNE) for the State of Texas and is accredited by the Program for Accreditation of the National Association of Nurse Practitioners in Women's Health (NPWH). This program is also accredited by the American Nurses Credentialing Center (ANCC) Commission on Accreditation as a provider of continuing education in nursing.

The WHCNPP is offered under the auspices of the Division of Community Women's Health Care within the Department of Obstetrics and Gynecology, Southwestern Medical School at the University of Texas Southwestern Medical Center at Dallas. The WHCNPP is a continuing education program and students do not matriculate into the University of Texas system. Articulation agreements with selected schools of nursing provide an opportunity for program graduates holding a BSN to receive academic credit towards a Master's degree program in advanced nursing.

### **Philosophy**

The philosophy of the WHCNPP defines the program beliefs about the advanced practice nursing and advanced practice nursing education. Advanced practice nursing is defined as a profession that is primarily concerned with the quality of health for individuals, families and communities from all settings. Advanced practice nursing is viewed as an integral component of the health care delivery system that ideally cultivates collaborative relationships with other health professionals who similarly value client rights, worth and dignity. Continuing education is deemed essential to ensure competent and safe nursing practice. The nurse practitioner functions in an advanced nursing role to address the health care needs of women and families.

The purpose of the WHCNPP is to provide the necessary didactic instruction and clinical experiences essential for eligibility for national certification as a Women's Health Nurse Practitioner.

### **Mission Statement**

The Women's Health Nurse Care Practitioner Program (WHCNPP) is dedicated to creating a learning environment that fosters the development of each individual's personal and professional development. Through teaching, professional practice and

personal conduct we affirm the dignity of life and the rights of the individual will be affirmed in a non-discriminatory manner. The Women's Health Care Nurse Practitioner Program strives to offer relevant continuing education opportunities in order to assist the learner in acquiring and maintaining clinical competencies. In order to accomplish this mission the WHCNPP will:

- ◆ Provide comprehensive cultural and gender sensitive education to health professionals who care for women.
- ◆ Provide specialized direct health care and preventive services.
- ◆ Share expertise with professional and community groups.
- ◆ Offer consultation and assistance to other advanced practice nursing programs.
- ◆ Create and evaluate new information as it relates to the promotion, maintenance, and restoration of health.
- ◆ Develop and manage information systems to meet local and distance learning needs.

Empower advanced practice nurses and other healthcare providers with new skills and knowledge through continuing education.

## **PROGRAM GOALS**

1. To prepare registered nurses to be women's health nurse practitioners through a formal nursing continuing education program that meets state and national guidelines established by the profession.
2. To increase the availability and accessibility of cost effective health care to women and their families, especially in underserved areas.
3. To prepare a variety of health care providers to deliver high quality women's health care.
4. To advance the art and science of the discipline of nursing through the provision of comprehensive nursing care, professional involvement, and continued education.
5. To serve the community by offering educational and women's health services, promoting positive health behaviors.

## *Dual Certification for FNPs & ANPs*

Masters prepared Family Nurse Practitioners (FNPs) and Adult Nurse Practitioners (ANPs), interested in attaining certification as a Women's Health Nurse Practitioner, are encouraged to apply to the Women's Health Care Nurse Practitioner Program (WHCNPP) at The University of Texas Southwestern Medical Center at Dallas. Individual transcripts are reviewed to determine the extent to which courses completed in the Masters APN program meet curriculum requirements of the WHCNPP. Credit may be granted for successful completion of master's level academic courses in advanced health assessment, advanced pharmacology, primary health care, and role of the advanced practice nurse. Additional requirements for Master's prepared family nurse practitioners and adult nurse practitioners who have graduated within the past 5 years, usually entails an additional 64 didactic and 300 clinical hours in gynecology and 64 didactic and 180 clinical hours in obstetrics, distributed throughout the preceptorship and the following modules:

- **Module III:** Health Maintenance and Promotion for Women's Health (32 didactic & 140 clinical hours)
- **Module IV:** Advanced Pathophysiology: Selected Conditions in Gynecology (34 didactic & 40 clinical hours)
- **Module V:** Health Care for Childbearing Women (32 didactic & 44 clinical hours)
- **Module VI:** Advanced Pathophysiology: Selected conditions in Obstetrics (32 didactic & 16 clinical hours)

A 24 week preceptorship totaling a minimum of 8 hours a week in gynecology, and 8 hours a week in obstetrics immediately follows the didactic portion. The student is responsible for arranging the preceptorship.

**Modules III-VI** are offered at the Dallas campus. The Preceptorship is arranged by the student.

## *Role of the Women's Health Nurse Practitioner*

Upon completion of the program (formal and preceptorship components), the graduate WHNP should be able to:

- I. Client Care
  - A. Demonstrate critical thinking and diagnostic skills in clinical decision making
  - B. Obtain a comprehensive health history and psychosocial data base
  - C. Assess for evidence of domestic violence or sexual abuse
  - D. Perform a complete physical assessment
  - E. Recognize emergency situations and initiate emergency care
  - F. Order, perform, and interpret screening and diagnostic procedures and tests
  - G. Develop and analyze differential diagnoses that are based on clinical and laboratory data
  - H. Recommend diagnostic and therapeutic interventions with attention to safety, efficacy and cost effectiveness
  - I. Prescribe medications as regulated by individual state nurse practice acts and educate the client about the drug regimens, interactions, and side effects
  - J. Incorporate non-pharmacologic therapies into practice
  - K. Evaluate results of interventions using accepted outcome criteria, revise the plan accordingly, and consult and/or refer when needed
  - L. Provide health promotion and disease prevention while cognizant of age, developmental status, disability, culture, ethnicity, and sexual orientation
  - M. Provide clinical management, including therapeutic procedures for women with selected gynecologic problems
  - N. Manage the treatment of sexually transmitted infections for clients and their partner
  - O. Provide care to men with selected reproductive health needs or problems
  - P. Provide comprehensive family planning care
  - Q. Provide prenatal and postnatal care, including attention to maternal/fetal health and parent/infant relationships

- R. Identify high risk pregnancies and collaborate with physicians and other health care providers for management or referral
- S. Provide management and referral for non-reproductive health problems
- T. Provide case management
- U. Collaborate with other health care providers to achieve optimal outcomes
- V. Apply and/or participate in research to promote evidence-based practice and to facilitate effective care
- W. Record the client's data accurately

## II. Nurse-Client Relationship

- A. Promote a physically safe and confidential environment for care
- B. Establish a partnership with the client that facilitates decision making and self-care consistent with the client's health belief system
- C. Acknowledge personal values and cultural differences; understand their impact on the provider/client relationship
- D. Recognize and communicate acceptance of the client's feelings and concern
- E. Provide care that is nonjudgmental and sensitive to client needs
- F. Function as the client's advocate
- G. Offer comfort and emotional support to clients and their families.
- H. Deliver health care in a caring manner
- I. Promote client autonomy, dignity and self-determination

## III. Health Education and Counseling

- A. Promote the availability of information that meets client needs, promotes informed choice, provides rationale, and reflects the client's culture
- B. Provide education and counseling that is research-based and client-centered
- C. Support the client in making positive behavioral changes
- D. Evaluate teaching strategies
- E. Assist clients to identify and use community and social resources
- F. Promote the availability of educational materials in the language and reading level of the client

#### IV. Professional Role

- A. Promote client autonomy, dignity and self-determination
- B. Establish priorities and coordinate care to meet the needs of culturally diverse clients
- C. Develop, use and maintain collaborative relationships with health care professionals to strengthen the role of the women's health nurse practitioner
- D. Interpret and promote the role of the nurse practitioner to consumers, other health care professionals, and the community
- E. Maintain awareness of developments in the field through membership in professional organizations or other means
- F. Aspire to serve as a role model, preceptor, and mentor to other nurse practitioners
- G. Influence the delivery of health care by nurse practitioners through participation in legislative and institutional policy making activities
- H. Participate in the generation, application, and dissemination of research
- I. Attain and maintain national certification

#### V. Health Care Delivery

- A. Use nationally accepted guidelines and standards to promote integrated health care systems for the delivery of women's health care
- B. Provide case management services
- C. Participate in organizational decision making on issues that affect quality of health and efficient use of resources in the area of women's health
- D. Manage functions and resources within health care systems toward the provision of efficient and cost-effective quality care
- E. Collaborate with other health care professionals and recognize the value of each provider's contribution to the comprehensive health care of women
- F. Act as a resource in the planning, development, and implementation of community health programs
- G. Participate in legislative and policy-making activities that influence women's health
- H. Act as a consultant in specific areas of practice

VI. Quality of Care

- A. Seek to continuously improve client care
- B. Monitor self, peers, and the delivery system and strive for continuous improvement
- C. Assume responsibility for maintaining competence as a Women's Health Nurse Practitioner
- D. Incorporate professional and legal standards and ethical principles into practice
- E. Use research to enhance quality of care
- F. Participate in continuing education

Adapted from:

Association of Women's Health, Obstetric and Neonatal Nurses & National Association of Nurse practitioners in Women's Health. (2002). *The women's health nurse practitioner: Guidelines for practice and education* [Brochure]. Washington, DC: NPWH/AWHONN.

## *PROGRAM DESCRIPTION*

### **LENGTH**

The program is one academic year in length and is divided into two components, a didactic and a preceptorship. The didactic component takes place in Dallas and lasts 16 weeks. A 5½ months (24 weeks) preceptorship follows the didactic portion. The didactic component consists of 335 hours lecture and 305 hours clinical instruction in Dallas. The preceptorship consists of 480 hours of supervised clinical experiences. Combined, the didactic and preceptorship provides the student a total of 1120 hours of instruction.

### **CURRICULUM OUTLINE**

The program focus is on health care for women throughout the lifespan and emphasizes health promotion and maintenance, variations of wellness and illness. Content is presented by a variety of professionals selected primarily from nursing, medical, and social service fields. Methods of instruction include lectures, independent learning, group discussions, clinical conferences, simulated practice, and Web-based exploration.

Closely integrated with didactic instruction is the clinical component of the program. Students spend approximately 20 hours per week in various clinical settings, including county-wide family planning and prenatal clinics, a county health department STD clinic, labor and delivery triage, and postpartum settings within a large city/county hospital. Experience is gained and didactic content is integrated into clinical practice.

Shortly before completing the formal program, the student's preceptor(s) or agency representative is requested to visit the Dallas campus to discuss preceptorship requirements and transition to the NP role. At this time, the Preceptorship Guide is discussed and instructions on the preceptorship process are presented.

## *PROFESSIONAL ROLE TRANSITION WEEK*

Professional Role Transition Week is the first 30 hours of clinical preceptorship. It is the designated period of time for students to familiarize themselves with their new clinical environment, protocols, and referral sources. The goal is to facilitate a smooth transition toward advanced practice nursing and to facilitate resource development within the clinical practice in which the preceptorship will occur.

## *THE PRECEPTORSHIP*

Following the 16-week didactic component and the Transition Week, the student is required to participate in a 5½ months (24 weeks) preceptorship. During this period, the student continues to develop, reinforce, and refine the skills learned during the formal program. Selection of a physician, NP, or certified nurse-midwife who will act as a preceptor deserves careful consideration. The preceptor(s) must be actively involved in providing women's health care and must be willing to work in close collaboration with the student by providing continued guidance and feedback on performance as well as opportunities for continuing education. Family members are not acceptable as preceptors. Students must work at least twenty hours per week in the advanced practice role during the preceptorship. Time with the preceptor must include eight (8) hours per week of family planning/gynecology and eight (8) hours per week of prenatal and 4 hours of primary care throughout the entire preceptorship. Guidelines for conducting the preceptorship will be provided by the program. The program will aid students in complying with any additional preceptorship requirements as specified by their state's Board of Nursing rules and regulations.

Upon successful completion of all program requirements, a Certificate of Completion will be awarded.

## *APPLICATION REQUIREMENTS*

### **CRITERIA FOR ADMISSION**

Enrollment in the nurse practitioner program is open to all registered nurses. Prior to registration deadlines all applicants are required to complete and submit the following:

- 1) A completed application form
- 2) Three letters of reference
- 3) An official transcript from each of the universities or professional schools attended reflecting a minimum grade point average (GPA) of 2.5 (on a 4 point scale) on all undergraduate collateral course work and a minimum GPA of 2.5 on all undergraduate nursing courses.
- 4) A statement of preceptor commitment and qualification from each preceptor

- 5) Documentation of individual malpractice nursing insurance coverage - (e.g. photocopy)
- 6) Passport-size photograph (black and white or color)
- 7) **We also want to inform you of a new policy adopted by Parkland Health & Hospital System (PHHS), an affiliate of UT Southwestern. Drug screening and criminal background checks are now required for all new employees and within 30 days of the start of a clinical rotation for all students. Since the students of the WHCNPP participate in clinical rotations at clinics in the PHHS, they must abide by this policy and assume the cost.**

In addition to the above, an interview must be conducted to complete the application process, usually by phone.

Each individual applicant's educational and professional profile is reviewed to determine the probability of success in the program. Preference is given to:

1. Nurses from rural or health professional shortage areas or traditionally underrepresented groups
2. Community and agency need for a Women's Health Nurse Practitioner as evidenced on Director Statement
3. Nurses with a baccalaureate degree or higher in nursing
4. The strength of the sponsoring agency in the operational and financial support of the applicant's education
5. Possession of a basic core of appropriate knowledge and skills as evidenced by transcript, professional references, and completed application form

Once selections have been made by the nurse practitioner faculty, all applicants will be notified by phone, followed by a letter of verification of the committee's decision.

### **Equal Opportunity Program**

No person shall be excluded from participation, denied the benefit of or be subject to discrimination, under any program or activity sponsored or conducted by The University of Texas System or any of its component institutions, on any basis prohibited by applicable law, including, but not limited to, race, color, national origin, religion, sex or disability. *[Regents' Rules; Part II, Chapter I, Section 7, 1-5]*

## *TUITION AND FEES*

**A non-refundable application fee of \$75.00 must accompany the application.** The tuition for the WHCNPP is \$10,500. Upon acceptance in the program, students will be required to pay a deposit of \$500 to secure their position in the program. The deposit will be applied to the total tuition due. Students also will be required to purchase additional textbooks at the onset of the program, at a cost of approximately \$300. Expenses for per diem, travel, and living facilities must be incurred by the student and/or sponsoring agency. Agencies are encouraged to assist in the provision of travel and per diem costs.

**Cancellation Policy:** Cancellations must be received in writing prior to the first day of class. The \$500 deposit will be refunded if written cancellation is received 4 weeks prior to the first day of class.

**Participation in the WHCNP Program does not qualify the course applicant for student loans through the Financial Aid Office under the UT Southwestern Institutional accreditation.**

**Limited funds may be available for living stipends.** Those interested are requested to contact the Women's Health Education Program at 214-905-2129.

### **PAYMENT OF TUITION**

In order to facilitate prompt payment of the tuition fee by the student and/or the sponsoring agency, the following payment schedule shall apply:

**Program Tuition: \$10,500**

<u>Payment due</u>	<u>Amount Due</u>
Upon acceptance	\$500
First day of class	½ Fee (\$5,000)
5 <sup>th</sup> day of class	½ Fee (\$5,000)

## *LIVING ARRANGEMENTS AND TRANSPORTATION*

Housing information will be furnished upon request.

Students are responsible for their own transportation while attending the program. Due to the distance between the classroom and outlying clinics, students are advised to have access to an automobile.

## *WITHDRAWAL POLICY*

It is expected that in extreme cases withdrawal from the program will occur for personal reasons of the student. Withdrawal from any session should be in writing and approved by the program director for refund to be applicable. When a student withdraws, it is usually impossible to fill the vacated position. Therefore, a student who withdraws by the end of the first week of class will be eligible to receive 25% fee refund. Students withdrawing after the first week of class will forfeit full tuition (forfeiting any paid tuition and be responsible for any remaining unpaid tuition).

The University of Texas  
Southwestern Medical Center  
at Dallas

Women's Health Care Nurse  
Practitioner Program

**APPLICATION FOR  
ADMISSION**

All spaces must be completed; please type or print.

Date of Application:		Date for Which Admission is Desired:	
Agency Funding Source: (If applicable) Title V        [   ]                  Private        [   ] Title X        [   ] Title XIX     [   ] Title XX      [   ] Other (Specify): _____			
Last Name:		First Name:	
Maiden Name (if applicable):		Social Security Number:	
Home Mailing Address:		City/State/Zip:	County:
Driver's License Number (include State):		Phone Number: (    ) _____	
Employer Name/Address:		City/State/Zip:	County:
Ethnic Background (for Federally-mandated reporting requirements only):		_____ African-American        _____ Asian	
_____ Caucasian        _____ Hispanic        _____ Native American        _____ Other (specify):		Country of Citizenship:	
Have you ever been charged with or convicted of a felony or misdemeanor, except minor traffic violations: [   ] YES [   ] NO		If foreign, type of visa:	
if yes, please specify:		Name:	
<b>In Case of Emergency, Contact:</b>		Relationship:	
Address:		Home Phone:	
City/State/Zip:		Office Phone:	



The following section must be completed; it is recommended that you also attach a resume. Begin with most recent and list employment experience, including military.

Employer Name	Address/City/ State/Zip Code	Position	Immediate Supervisor	Dates Employed	Reason for Leaving
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	

**Please tell us how you found out about this course:**

- Journal advertisement (specify name ): \_\_\_\_\_
- Employer \_\_\_\_\_
- Conference (organization/location): \_\_\_\_\_
- Women's Health Care Nurse Practitioner Program Brochure \_\_\_\_\_
- Women's Health Care Nurse Practitioner Program website \_\_\_\_\_
- Other website (specify) \_\_\_\_\_
- Former NP student \_\_\_\_\_
- Current NP student \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Please write a brief narrative for each of the following questions, use additional pages if needed.**

1. What is a nurse practitioner?
2. How do you perceive the roles and functions of a women's health nurse practitioner?
3. What are the differences between the roles of a nurse practitioner and a physician?
4. Why do you want to become a women's health nurse practitioner?
5. How do you plan to utilize your nurse practitioner education upon completion of this program?



University of Texas Southwestern Medical Center at Dallas  
Women's Health Care Nurse Practitioner Program

**Reference Checklist**

<b>APPLICANT NAME:</b>	<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE:</b>
------------------------	--------------------------------	--------------

The above applicant has given your name as a reference in support of the application for admission to the Women's Health Care Nurse Practitioner Program. On the basis of characteristics which are important to success in this field, the following checklist has been prepared. Your responses will be helpful in assessing the applicant's potential. If, in your opinion, a letter of recommendation would be more appropriate for your evaluation of the applicant, please substitute for this form and return in the attached envelope. Thank you very much for your assistance.

**DIRECTIONS:** Please circle the number that most accurately reflects your rating of the applicant's performance in each of the following categories. For each response, please indicate whether you have had "adequate" or "inadequate" opportunity for observing the applicant in her/his performance of the specific categories.

**1. PERSONAL RELATIONS:**

Opportunity to observe applicant:

	Poor		Excellent	Adequate	Inadequate
With peers	1	2	3	4	5
With teachers; supervisors	1	2	3	4	5
With patients	1	2	3	4	5

**2. CAPACITY FOR PROBLEM-SOLVING:**

	Rarely		Consistently
Uses logical thought processes.	1	2	3
Organizes appropriate strategies.	1	2	3
Able to transfer learning from one situation to another.	1	2	3
Sees relationships in situations that are different but have common factors.	1	2	3
Learns from mistakes.	1	2	3

Opportunity to observe applicant:  Adequate     Inadequate

**3. RESPONSE TO STRESS:**

- 3     Usually reacts appropriately, maintaining poise and control.
- 2     Sometimes reacts inappropriately.
- 1     Easily flustered, tends to react inappropriately

Opportunity to observe applicant:  Adequate     Inadequate

**4. INITIATIVE AND SENSE OF RESPONSIBILITY:**

Opportunity to observe applicant:

	Rarely	Consistently				Adequate	Inadequate
	1	2	3	4	5		
Responds appropriately to leadership opportunities.	1	2	3	4	5		
Assumes responsibility.	1	2	3	4	5		
Does more than is minimally required.	1	2	3	4	5		
Sees what needs to be done and takes appropriate action	1	2	3	4	5		
Seeks direction when needed.	1	2	3	4	5		
Seeks opportunities for independent action.	1	2	3	4	5		

I have known this applicant for \_\_\_\_\_ (years/months) as:

Student       Employee       Friend

I recommend the applicant (Name) \_\_\_\_\_

for admission to the Women's Health Care Nurse Practitioner Program

with confidence       with reservation       do not recommend.

Please print:

<b>Name:</b>
<b>Position or Title:</b>
<b>Institution:</b>
<b>Address:</b>

Additional comments to support this application.


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

## PRECEPTORSHIP COMMITMENT

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

The preceptorship is the 5½ months (24 weeks) period following the didactic program during which the student re-enters the health care delivery system in a new role as a nurse practitioner. This is a crucial period in the overall education of the individual. Accordingly, the preceptor(s) plays a key role in the educational process. A preceptor may be an advanced nurse practitioner, a certified nurse-midwife, or a physician actively involved in providing women's health care. The primary preceptor is not to be a relative of the student. A non-relative preceptor has proven to show greater objectivity in the preceptor evaluation process. The advanced nurse practitioner must be approved to practice in that state, and it is preferable that all nurse practitioner preceptors are recognized by an appropriate national certifying body. A physician enrolled in a residency program is not acceptable as a preceptor.

### Goals and Objectives of Preceptorship

Preceptorships have certain goals and objectives in common.

**GOAL I:** Practice autonomously with sound clinical reasoning, technical competence and self-confidence when providing comprehensive health care to women.

Objective for achieving this goal are:

- OBJECTIVE A:** To perfect skills in the health promotion, health restoration and health maintenance of women.
- OBJECTIVE B:** To integrate new knowledge and apply developing skills to the management of common acute and chronic stable conditions of women.
- OBJECTIVE C:** To provide culturally sensitive care to diverse populations of women
- OBJECTIVE D:** To function within their scope of practice making appropriate referrals to other health care professionals.

**GOAL II:** Transition from the role of the registered nurse to women's health nurse practitioner.

Objectives for achieving this goal are:

- OBJECTIVE A:** To define parameters of clinical and administrative responsibilities of a women's health nurse practitioner.
- OBJECTIVE B:** To develop collaborative relationships with the inter-disciplinary health care team to ensure comprehensive primary care to women.

**OBJECTIVE C:** To practice within individual state developed guidelines for the regulation of advanced practice including scope of practice and local standards of care.

**OBJECTIVE D:** To join professional organizations and actively participate in clarifying state and national nurse practitioner issues.

**GOAL III** Internalize a passion for self-directed life long learning.

Objectives for achieving this goal are:

**OBJECTIVE A:** To seek professional continuing education opportunities.

**OBJECTIVE B:** To subscribe to and read professional journals.

**OBJECTIVE C:** To integrate research findings into clinical practice.

During the last week of the formal program, it is requested that the preceptor(s) or agency representative visit the Dallas campus to discuss the student's new role and capabilities. At this time, instructions for the preceptorship process will be discussed. Students must work a minimum of twenty hours per week in the advanced role during the preceptorship. Time with the preceptor includes a minimum of twelve hours per week of family planning/gynecology (four of the twelve to be in primary care), and eight hours per week of prenatal.

The preceptor is expected to:

1. **Be on site** and available to the student for the designated number of hours during the required 24-week preceptorship to recheck exams and evaluate management decisions.
2. Ensure that the student is adequately supervised at all times while functioning in the advanced role in your practice site.
3. Document student supervision according to state and agency policy and procedures for chart co-signature.
4. Conduct periodic chart review with the student emphasizing client management.
5. Provide the student with constructive feedback and consultation (at least one hour per week to be designated for case discussion and continuing education).
6. Collaborate with the student and administration in writing protocols.
7. Encourage the student to attend and participate in continuing education including legal, nursing, medical, and social aspects of women's health care.
8. Evaluate and document the student's performance at three months and upon completion of the preceptorship.
9. Contact the program regarding problems with preceptorship arrangements or poor student performance.
10. Attend Preceptorship Day.

In summary, the preceptorship is a time for the student to continue building upon the skills of client assessment and management in women's health care. It is also a time in

which the student becomes better versed in recognizing and managing acute and chronic health problems. Finally, it is a time for continuing education and nurse practitioner role integration.

The understanding and working relationship between the student and preceptor is an individual process. However, this outline represents the basic principles upon which a strong and productive preceptorship should be built.

I understand that the preceptorship will last for 5½ months (24 weeks), or until the student has satisfactorily completed all requirements for the preceptorship. **Students must be directly supervised at all times while functioning in the advanced role during the preceptorship.** If I am unable to supervise all clinical hours, I may delegate supervision to an appropriately credentialed M.D., N.P. or Nurse Midwife. I will be on-site with the student for a minimum of 8 hours each week in a clinical area (12 hours family planning/gyn/primary care and 8 hours obstetric/prenatal) for the entire 5½ months (24 weeks). I understand the student may be working with other preceptors to complete the required minimum of 20 hours per week.

### Preceptor Commitment

I have read the above and agree to serve as a preceptor for:

Indicate area of supervision:

	FP/Gyn/Primary Care (12 hours)
	OB (8 hours)
	Total (20 hours)

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

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

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

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Please make a copy for your files and return the original with the application.

University of Texas Southwestern Medical Center at Dallas  
Women's Health Care Nurse Practitioner Program

**Preceptor Qualification Form**

**Note: The following information must be completed in full due to University reporting regulations:**

Agency Name:	
Agency Street Address:	
Agency City, State Zip	
Clinical Practice Site is: <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Both Urban and Rural	
<input type="checkbox"/> Private Practice <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agency	
<input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Not-for-Profit	
<input type="checkbox"/> Other (please be specific):	
<b>Agency Administrator Signature:</b>	<b>Date:</b>

Preceptor Name:	
Phone Number:	FAX Number:
E-Mail Address:	
Professional Education (M.D., Place, Dates of completion):	
Specialty Training (Residency, N.P., C.N.M., Place, Type, Dates of completion):	
Date of National Specialty Certification (Please send copy of certification):	
Specialty Area (Women's Health, Family, etc.):	
Certifying Agency:	
Number of OB patients seen per week:	
Number of GYN/family planning patients seen per week:	
List memberships in academic, profession, or community organizations:	
<b>Preceptor Signature:</b>	<b>Date:</b>

University of Texas Southwestern Medical Center at Dallas  
Women's Health Care Nurse Practitioner Program

**DIRECTOR STATEMENT**

**To be completed only by those students sponsored by a Title V agency**

<p>1. This agency receives family planning funds from which of the following sources?</p> <p>Title X _____</p> <p>Title V _____</p> <p>Title XX _____</p> <p>Title XIX _____</p> <p>Private _____</p> <p>Other Sources <b>(please specify)</b>: _____</p>	<p>2. If selected for admission to the Women's Health Care Nurse Practitioner Program, this applicant will be funded by which of the following sources?</p> <p>Title X _____</p> <p>Title V _____</p> <p>Title XX _____</p> <p>Title XIX _____</p> <p>Private _____</p> <p>Other Sources <b>(please specify)</b>: _____</p>
<p>3. If accepted for admission to the Women's Health Care Nurse Practitioner Program, will this agency continue to pay the salary of the applicant during the course?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>If no, please explain:</p> <p>(Title X projects that would find this arrangement difficult should contact their Regional Program Consultant for Family Planning)</p>	
<p>4. Please describe the need for a nurse practitioner in your agency. (i.e., additional services to be offered, patients to be served, clinic sessions, difficulty recruiting physicians, etc.)</p>	
<p>5. Due to the great demand for women's health nurse practitioner education the health and family planning needs of the particular community to be served are being considered carefully by the Selection Committee, in addition to the merits of the individual nurse. Please describe the particular health and family planning needs of your community and area/population to be served. Enumerate where possible. (Examples of data about community need include unmet health care needs, number of teenage pregnancies in the low income group, physician to population ratio, health professional shortage areas, etc.) [Additional space on next page]</p>	

5.	(continued):
6.	Upon graduation from the nurse practitioner program: a. The applicant will be working for your agency: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time @ _____ hours/week b. Please indicate the percentage of time the applicant would be expected to spend in the following areas: _____ % Patient Care      _____ % Nursing Administration      _____ % Clinic Administration
7.	Please indicate the type of community in which the applicant will be working: <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Both Urban and Rural
8.	Will this applicant service in a Health Professional Shortage Area (HPSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Please approximate the percent of each ethnic population served by your agency: _____ % African-American      _____ % Asian                      _____ % Caucasian _____ % Hispanic                      _____ % Native American      _____ % Other (please specify):

10. In order for the applicant to participate in the Women's Health Care Nurse Practitioner Program, there must be a commitment from the project director of the sponsoring agency that the applicant will be assured a job within that agency and will be allowed to function in the nurse practitioner role upon completion of the formal program.
11. I understand that the preceptorship will last for a minimum of 5½ months (24 weeks) or until the applicant has successfully completed all requirements. **Student must be directly supervised at all times while functioning in the advanced role during the preceptorship.** If the preceptor is unable to supervise all clinical hours, the preceptor may delegate supervision to an appropriately credentialed M.D., N.P., or Nurse Midwife.

As Director, if you are willing to assume this commitment, please sign below.

Applicant Name:
Director Name:
Director Signature:
Agency:
Address:
Phone:
E-Mail Address:
Date:

University of Texas Southwestern Medical Center at Dallas  
 Women's Health Care Nurse Practitioner Program  
**AGENCY STATEMENT**

Applicant Name:
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To ensure that we correspond with the appropriate individuals when various needs arise concerning a student, please provide the name, address and phone number for the following positions. We also request that you notify us of any changes that develop in these positions.

<b>ADMINISTRATOR</b>	
<b>NAME:</b>	<b>TITLE:</b>
<b>AGENCY NAME:</b>	
<b>MAILING ADDRESS:</b>	
<b>CITY/STATE/ZIP:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>E-MAIL:</b>	
<b>NURSING DIRECTOR</b>	
<b>NAME:</b>	<b>TITLE:</b>
<b>AGENCY NAME:</b>	
<b>MAILING ADDRESS:</b>	
<b>CITY/STATE/ZIP:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>IMMEDIATE SUPERVISOR (if different from above)</b>	
<b>NAME:</b>	<b>TITLE:</b>
<b>AGENCY NAME:</b>	
<b>MAILING ADDRESS:</b>	
<b>PHONE:</b>	
<b>E-MAIL ADDRESS:</b>	
<b>MEDICAL DIRECTOR</b>	
<b>NAME:</b>	<b>TITLE:</b>
<b>AGENCY NAME</b>	
<b>MAILING ADDRESS:</b>	
<b>CITY/STATE/ZIP</b>	
<b>PHONE:</b>	<b>FAX:</b>

PRECEPTOR (Family Planning/Gyn)	
NAME:	TITLE:
AGENCY NAME	
MAILING ADDRESS:	
CITY/STATE/ZIP	
PHONE:	FAX:
E-MAIL ADDRESS:	
PRECEPTOR (OB)	
NAME:	TITLE:
AGENCY NAME	
MAILING ADDRESS:	
CITY/STATE/ZIP	
PHONE:	FAX:
E-MAIL ADDRESS:	

STATE GRANTEE INFORMATION	
PROJECT DIRECTOR NAME:	TITLE:
GRANTEE AGENCY NAME	
MAILING ADDRESS:	
CITY/STATE/ZIP	
PHONE:	FAX:
E-MAIL ADDRESS:	
Application approved by Grantee:	[ ] YES [ ] NO

Please identify the individual who should be initially contacted regarding student performance:

NAME:
PHONE:

Person completing this form:

NAME:
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I give permission for the above-named individuals to be contacted regarding my performance while I am enrolled in the Women's Health Care Nurse Practitioner Program.

APPLICANT SIGNATURE	DATE:
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**OPTIONAL  
LETTER OF AGREEMENT**

**To be completed only by those students sponsored by Title V**

I \_\_\_\_\_, hereby agree to remain in the active employment of \_\_\_\_\_, during the formal course and preceptorship of the Women's Health Care Nurse Practitioner Program and for the following designated time period after the preceptorship: \_\_\_\_\_ . I understand that if at any point during the period of my commitment I terminate my employment with the above agency, I may be liable for any monies expended on my behalf for the "Women's Health Care Nurse Practitioner Program."

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,

\_\_\_\_\_, R.N.

in the presence of this witness:

\_\_\_\_\_

SUBSCRIBED, BEFORE ME, by the said \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, to certify which witness my hand and seal of office.

(seal)

\_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_

## APPLICATION PACKET CHECKLIST

When returning your application, please include:

	YES	NO
1. Application completely filled out		
2. Transcriptions from all colleges attended		
3. Reference Checklist Forms (3)		
4. Preceptorship Commitment Form		
5. Director Statement (if indicated)		
6. Agency Statement		
7. Proof of Malpractice		
8. Passport Size Photo		
9. Hepatitis B. Verification		
10. TB Test		
11. Current Texas Nurse's License		
12. <b>NON-Refundable</b> Application Fee of \$75.00 (check or money order) – Payable to: WHNP Program (Visa, MasterCard must be called in to: 214-905-2129).		

**Items not submitted with application will only delay process.**

If any of the above is not being returned at this time, please explain:

For those persons accepted into the Program the following documentation will be required on the first day of class:

Documentation of current nurse's license(s) for all states in which you practice and documentation of a current Texas nurse's license.

For those RNs who do not currently have a license to practice in Texas, an application for licensure in the State of Texas may be obtained by calling or writing:

Board of Nurse Examiners for the State of Texas  
PO Box 140466 / Austin, TX / 78714  
(512) 305-6809

Be advised that it takes approximately three weeks to obtain this license once the Board has received the application.

**Please mail completed application to:** **Women's Health Education Program**  
**2330 Butler #103 / Dallas, TX / 75235**  
**Fax: (214) 905-1767**