

Clinical Associate Verification Form v. 7/2018

INSTRUCTIONS:

1. Academic Home Department completes section 1; if exception approval required, department sends completed form and CV to Associate Dean of Academic Affairs, School of Nursing
2. Associate Dean reviews form and CV, approves or disapproves exception, signs section 2 and sends completed form back to Academic Home Department
3. Academic home Department submits request for new appointment to HR Shared Services, and includes completed verification form and CV for new appointments (for reappointments, no CV is required)

Section 1: Completed by Academic Home Department

Candidate Name:

Candidate Email Address:

Appointment/ Reappointment Effective Date:

Academic Home Department:

Practice Site

Name of Clinical Practice Site:

Current title/position:

a) Does the School of Nursing have an affiliation agreement with the facility named above? Yes No

b) Is candidate actively practicing clinical care at facility named above?

Yes (if yes, complete Section 1 only)

No - If no, the candidate must have or have had the appropriate clinical expertise and credentialing to be considered for an exceptional approval to the Clinical Associate title. Both Sections 1 and 2 must be completed.

c) Current State Licensure or the Equivalent

Number:

Expiration Date:

Board certification: Yes No N/A

If yes, board name:

Board certification date:

I confirm the above information is correct and an affiliation agreement between UCSF and the facility remains in effect.

Signature: _____ Date: _____

Section 2: Exception approval by Associate Dean of Academic Affairs

As Associate Dean of Academic Affairs of the School of Nursing, I approve the exception to the peer review requirement for this Clinical Associate candidate.

Signature: _____ Date: _____