LSU Health NEW ORLEANS
School of Nursing

LETTER OF AGREEMENT

Date

Participant
Address
City, State, Zip

Dear

Congratulations on receiving your CNE-cl certification through the National League for Nursing (NLN). We appreciate your continued interest in the NEPQR-CFPA Grant program and would like to review the criteria for serving as Clinical Faculty or Clinical Preceptor.

The criteria to continue in the program and receive Stipend 2 are as follows:

- Stipend 1 eligibility criteria as verified from your initial submission.
- Certification card for the National League for Nursing's CNE-cl examination.
- Verification of clinical faculty effort of at least 50% from a School of Nursing, or verification of hours as a clinical preceptor from a School of Nursing (in a Medically Underserved Area or care for Medically Underserved Populations as deemed per HRSA guidelines) documenting at least 300 hours – ***for one full year following the date of this agreement without any temporary pauses of employment.***
- Active license to practice as an RN (Registered Nurse) or APRN (Advanced Practice Registered Nurse) in one or multiple HHS Region 6 states (Louisiana, Texas, Arkansas, Oklahoma, or New Mexico).
- NPI number (if applicable)

We are pleased to inform you that you may qualify to receive a stipend in the amount of $5,000.00 at the end of meeting such stated program requirements (***as funds are available***) and verification of documents is completed. Clinical faculty effort and clinical preceptorship may not be combined in lieu of full completion of either program requirement.

If you have questions regarding the criteria outlined in this Letter of Agreement, please contact the Academic Practice Partner Liaison at 504-568-4139 or by email at CNEAcademy@lsuhsc.edu.

By initialing and signing below, you:

- Commit to serving as ☐ clinical faculty or ☐ preceptor (check one) _____ (initial)
- Accept this agreement _____(initial)
- Attest that you will meet all program requirements _____(initial)
- Attest that you provide medical care/services to individuals within a medically underserved area (MUA) **OR** care for medically underserved populations (MUPs) per HRSA guidelines _____(initial)
- Understand that failure to do so will result in your ineligibility to complete the program and receive Stipend 2 _____(initial)

_____ _____
Participant Signature Date

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