



COLUMBIA UNIVERSITY

School of Nursing

Dear Preceptors,

Please find attached information and application for clinical faculty appointment to Columbia University School of Nursing. Some of the benefits of clinical faculty appointment include access to the Medical Center Library and its resources as well as announcements about special events and continuing education programs. This can also be useful for you to include on your CV.

The midwifery program is preparing for re-accreditation by the Accreditation Commission for Midwifery Education (ACME) in 2014 and one component is demonstrating that our preceptors are appointed to Columbia University.

Your completed application should be sent to Dian Holder at son-ocas@cumc.columbia.edu or by mail at:

Columbia University School of Nursing
Attn: Dian Holder
630 West 168th Street
Mail Code 6
New York, NY 10032

For your security, if you choose to return the documents by email, please call 212-305-7272 to provide your social security number.

We appreciate your commitment and dedication to midwifery education.

Sincerely,

Laura Zeidenstein, CNM, DNP
Program Director
Columbia University School of Nursing
Midwifery Education



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Midwifery Faculty Appointments Checklist

Name: _____ Effective Date: _____

- Personal Data Sheet** (make sure SSN & marriage date filled in)
- Current *Curriculum Vitae***
- RN License Certification** (check beg & end dates) - if applicable
- Midwifery License/Certification** (check beg & end dates)
- Malpractice Insurance Cover Sheet** (check beg & end dates)*
- Confirmation of Highest Degree** (copy of degree or official transcript)

*Copy can be sent separately

Please return to:

Office of Curricular and Academic Support

Attn: Dian Holder

Mail Code 6

630 West 168th Street

New York, NY 10032

Or by email

SON-OCAS@CUMC.COLUMBIA.EDU

Personal Data Sheet

Today's Date	
Personal Information	
Name	
Social Security Number	
Date of Birth	
Gender	
Marital Status (circle one)	Single Married Divorced Legally Separated Widowed
Marital Status Date	
Permanent Address	
Home Phone Number	
Cell Phone Number	
Ethnicity (circle one)	Asian Hispanic Black White East Indian Native American Other
If other, please list	
Are you a U.S. citizen?	
If no, list country of citizenship	
Are you a permanent resident?	
Degree Information	
Highest Professional Degree	
Year	
Institution	
Location	
Area of Expertise	
Emergency Contact Information	
Name	
Relationship to Employee	
Address (if different from employee's)	
Phone Number 1	
Phone Number 2	