



FRONTIER NURSING UNIVERSITY

195 School Street • PO Box 528 • Hyden, Kentucky 41749
PHONE: 606.672.2312 • FAX: 606.672.3776 • www.frontier.edu

I, _____, am a CNM or WHNP refresher applicant for the
applicant name

_____ term. I understand that prior to my admission to the
Winter, Spring, Summer or Fall term and year
refresher program, I am required to submit this commitment letter, by the specified deadline
date, confirming my clinical site and preceptor.

I am planning a clinical rotation at _____. I have reviewed the
name of the clinical site
required clinical hours (a minimum of 135 hours and *15 births for CNM refresher students only*)
with my preceptor and clinical site.

The signature of my preceptor below confirms their commitment to precept me during my
clinical practicum.

Preceptor Printed Name

Preceptor Signature

Date

Applicant Printed Name

Applicant Signature

Date

If you have any questions related to clinical site credentialing requirements or the
process, please contact Kayla White, Assistant Director of Clinical Credentialing, at
kayla.white@frontier.edu or 859.251.4627.