



I, \_\_\_\_\_, am a CNM or WHNP refresher applicant for the \_\_\_\_\_ 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

\*the minimum clinical hours will increase to 150 beginning with year 2025

If you have any questions related to clinical site credentialing requirements or the process, please contact Megan Cadwell, Assistant Director of Clinical Credentialing at [megan.cadwell@frontier.edu](mailto:megan.cadwell@frontier.edu) or 859.251.4719.