



Affiliation Agreements and Typhon Tracking System



- What is an Affiliation Agreement (AA)?
- Process for Sites and Preceptors
- Required Forms
- What is Typhon?
- Tips

Program Coordinators

Default Contact = Program Coordinator

- PNP PC/AC - Dr. A. Valenzuela
- AGACNP – Dr. I. Zuniga
- FNP- Dr. M. Vasquez
- PMHNP – Dr. A. Field
- NNP – Dr. W. Hull



Definitions

Affiliation Agreement (AAs):

- Legal agreement between UTEP and facility: clinic/hospital
 - legal requirements
- Permission for student to be at sites

Typhon NP Student Tracking:

- Documentation of patients cared for during practicum rotations (portfolio)





Required Forms



REQUIRED FORMS

- MSN Student Clinic Site Request *
- MSN Student Preceptor Approval *
- Preceptor Current CV/Resume

* These forms can be found inside the College of Nursing page under the resources tab.

UTEP Nursing > Resources > Forms & Handbooks > Graduate

<https://www.utep.edu/nursing/resources/forms-and-handbooks.html>



MSN Student Clinical Site Request Form

The University of Texas at El Paso
College of Nursing
Graduate Program
MSN Student Clinical Site Request

Students Name: _____ Date: _____
Student's program of study (circle): AGACNP PNP-PC PNP-AC FNP PMHNP NNP

Semester for this clinical site: Fall 20____ Spring 20____ Summer 20____

For hospitals, clinics, offices, other agencies, and/or preceptors we need the following information:

NAME OF FACILITY /PRACTICE/AGENCY:

Type of site (e.g., rural clinic, private practice, public health):

Characteristics of patients (e.g., gender, age, ethnicity):

Experiences available (e.g., acute, chronic, in-hospital):

Facility/practice/agency physical address (including city, state, zip code):

Mailing address (if different from physical):

Facility/practice/agency phone number (including area code): _____

Fax number (including area code): _____

Preceptor's Name: _____

Name of Administrative contact person for the facility: _____

Title of contact person for the facility: _____

Contact's phone number (including area code, extension): _____

Contact's fax number (including area code): _____

Contact's email address: _____

Approved by NP Director: ☐ Yes ☐ No Initial: _____ Date: _____



MSN Student Preceptor Approval Form

The University of Texas at El Paso

College of Nursing

Graduate Program

MSN Student Preceptor Approval

I, _____, agree to precept student, _____, in his/her
Preceptor Student

clinical rotation at _____
Clinical Site

for the _____ semester. I understand that prior to the student beginning clinical rotation, an established Affiliation Agreement (AA) between the school and facility will be in place. The AA will be approved and verified by the program coordinator. By signing at the bottom of this form I acknowledge to the best of my knowledge that the following information is correct:

Preceptor Name: _____

Population/Specialty focus area of practice: _____

Years of practice in this population/specialty: _____

Number of students precepted concurrently: _____

Preceptor Credentials and Certifications: _____

Preceptor Professional License: State, Number and Expiration Date*:

****Required: copy of preceptor's current CV/resume and professional license***

Preceptor Phone Number: _____

Preceptor Email: _____

Preceptor Orientation Booklet received (student will provide a copy): Preceptor's initials _____

Preceptor's Signature: _____ **Date:** _____

Approved by UTEP Program Coordinator: Yes No Initials: _____ Date: _____



Affiliation Agreement

- Legal Agreement:
Must be active (approved) before a student goes to a site (facility: clinic/hospital)
- Facility gives okay for preceptor to precept/mentor student at site ---> then preceptor agrees to take the student
- Time Extenders for Agreements/Contracts:
 - May require a 3rd party agreement
 - Facility can change or not agreeable to terms/documents



Steps

1. **Student** finds and identifies site and preceptor
2. **Student** completes **MSN Clinical Site Request form** and forwards it to **Program Coordinator** for review
3. **Student** helps Preceptor complete **MSN Student Preceptor Approval form** and forward it to **Program Coordinator** for review
4. **Student** completes **Practicum Compliance Release Form** and forwards it to **Program Coordinator**
5. **Student** obtains **Current CV** from preceptor and forwards to **Program Coordinator** for review

*2-5 concurrently



Steps

6. **Program Coordinator** will forward completed forms to Dr. Skory for AA status (current or new)
7. Dr. Skory will notify the **Program Coordinator** of approval
 - If AA is active clinical clearance will be conducted next
 - If AA is NOT active, the approval process will begin
 - Process may take 3-12 months (or more)



8. After site approval:

- 1) Practicum Compliance Release Form goes to **Compliance Coordinator** (Ms. De Los Santos)
- 2.) Facility & Preceptor will be entered into Typhon

NOTE: Deviation of steps will extend approval time

- Please email paperwork to your **Program Coordinator** only



AA Timeline

- Standard: up to 3 months (if no edits)
- Non-Standard: minimum 6 months (many edits)
- Common hold-ups: extends time for approval
 - Inaccurate or incomplete forms
 - Many levels/offices/depts required to review
 - Your timeline doesn't match legal department's timeline





Questions



Typhon

**Typhon Group's NP Student Tracking System:
Track clinical encounters through a variety of
data points**



UTEP Typhon Accounts

- Primary Care = Account #7418
- Acute Care = Account #7419
- Psychiatric Mental Health = Account #3230

**** Each program will have specific content to enter**



Typhon Set Up

Getting Started:

- We will send you the information to create your account
 - a.) Individual UTEP email
 - b.) Temporary Password (valid for 5 days)
- Cost approx. \$100 (once)
- Access to content for 5 years and can be used in your CV (make copies upon graduation)
- Tutorial Available
- Bookmark your Log-In

<https://www3.typhongroup.net/np/data/login.asp?facility=>



Entering Cases in Typhon

- Practicum course(s) will outline content required
(Ex. age group, demographics, etc.)
- My Time Log
- Red arrows = required content
- Can't find name of site/preceptor:
 - a.) Most likely forms weren't sent for approvals
through the correct channels
 - b.) Contact **Dr. Skory**



We are here for you!

Tips

1. Start looking for preceptors **now!** (Networking)
2. Go ask preceptors in person
3. Send required forms **ASAP** to coordinator
4. Ask your coordinator for help if you can't find a preceptor in a timely manner
5. Don't get discouraged!



Contact Information

Program Coordinators

- AGACNP- Dr. I. Zuniga iczuniga@utep.edu
- FNP- Dr. M. Vasquez mvasquez3@utep.edu
- PMHNP- Dr. A. Field amfield@utep.edu
- PNP PC/AC- Dr. A. Valenzuela abvalenzuela@utep.edu
- NNP- Dr. W. Hull wlhull@utep.edu

Affiliation Agreements & Clinical Compliance/ Typhon

- Director- Dr. Sondra Skory ssavila@utep.edu
- Graduate Compliance Coordinator- Ms. Lori de Los Santos ldeloss@utep.edu
- Administrative Associate – Ms. Gabriela Sigala gasigalaacosta@utep.edu





Questions





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