

Application for an Exemption through the Exemption Program for Clinical Preceptors and their Children

revised May 2021

<p>Name (Last, First, Middle initial)</p> <p>_____</p> <p>Student ID Number (no social security number)</p> <p>_____</p> <p>Exemption Term (must run concurrently with the employment as a preceptor, or start within 1 year of the end of the period of such employment). UTA requests that applications for wavers/exemptions should be turned in prior to the payment due date for the session/term.</p> <p>_____</p> <p>_____</p> <p>fall, spring, or summer _____ year</p>	<p>Which condition applies to you?</p> <p><input type="checkbox"/> clinical preceptor</p> <p><input type="checkbox"/> child of clinical preceptor</p> <p><i>If you are the child of a preceptor, provide the following information:</i></p> <p>Preceptor's Name</p> <p>_____</p>																								
<p><i>Provide the following information regarding the agreement under which the preceptor will be/is employed:</i></p> <p>Name of educational institution</p> <p>_____</p> <p>Name of affiliating agency</p> <p>_____</p>																									
<p><i>Attach a copy of the agreement to this application before submitting the application to your institution.</i></p>																									
<p><i>If you have previously received an exemption through this program, please list the terms and years below:</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Term</th> <th style="width: 25%;">Year</th> <th style="width: 25%;">Term</th> <th style="width: 25%;">Year</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Term	Year	Term	Year																				
Term	Year	Term	Year																						
<p>Do you hold a baccalaureate (bachelor's) degree? [Yes] No</p> <p>Are you classified as a resident by this institution for tuition purposes? [] Yes [] No</p>																									
<p>NOTE: An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.</p>																									
<p>I hereby certify that the information I have provided in this application is true and correct.</p>																									
<p>Signature _____</p>	<p>Printed Name _____</p>																								
<p>Date _____</p>																									

Reviewed by _____ Date _____

Processed by _____ Date _____



Additional Required Information to accompany the Application for an Exemption through the Exemption Program for Clinical Preceptors and their Children

The Preceptor Waiver is good at any state school since it is authorized by the Texas Education Code and is for any degree, not just a nursing degree. The Nursing Preceptor Application (Form) that is completed by the Preceptor and submitted to the Dean for her authorization is the form we use here at UTA. **Should a Preceptor wish to utilize the waiver at another institution, they will need to contact that particular institution and inquire about what the process is there.** Full text of the applicable TX Education Code can be found at <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.54.htm>

In relation to when the exemption is applicable, a person is entitled to an exemption for one semester or other academic term for each semester or other academic term during which the person serves as a clinical preceptor. The person may claim the exemption in:

- (1) the semester or other academic term in which the person serves as a clinical preceptor; or
- (2) a different semester or other academic term that begins before the first anniversary of the last day of a semester or other academic term described by Subdivision (1), if the person does not claim the exemption in the semester or other term during which the person serves as a clinical preceptor.
- (3) UTA requests that applications for waiver/exemptions should be turned in prior to the payment due date for the session/term.

Undergraduate Preceptor

Semester of Preceptorship: Fall 20____ Spring 20____ Summer 20____

Name of Course Precepted for: _____

Name of Clinical Faculty: _____

Preceptor Information:

Name: _____

Affiliated Agency: _____

Phone: _____

Email: _____

Fax: _____

This waiver exempts “from the payment of \$500 of the total amount of tuition a resident of this state enrolled as a student” (at the University of Texas at Arlington) “who is a registered nurse and serves under a written preceptor agreement with an undergraduate professional nursing program as a clinical preceptor for students enrolled in the program.”

Email this form, application, and signed Preceptor Agreement to CONHlwaivers@uta.edu.

Revised May-2021