



Hello

You are receiving this letter because an LPN at your facility is applying to the Missoula College LPN-to-RN Bridge Program or a LPN student applying to this program is interested in completing a clinical at your facility. We are excited to work with you and the student to help them upskill to become an RN!

Program Overview:

The Missoula College LPN-to-RN Bridge program is a year-long, 3 consecutive semester, distance program. The program allows practicing LPNs in Montana to upskill to become an RN, by completing the Associate of Science in Nursing coursework. Students in the program will access the asynchronous coursework via UM Online while completing clinical coursework requirements in their local community. This program is currently supported by a HRSA grant so there are benefits for both LPN students and employers participating in the program.

Student Benefits:

- Partial tuition scholarship.
- \$2,000 stipend to help offset costs such as travel, equipment, textbooks, program fees, etc.
- Access to a variety of student support and academic services through Missoula College and the University of Montana. Including preparation for the NCLEX-RN.
- Access to career services and workshops through Missoula College.
- Designed for working LPNs.

Employer Benefits:

- Funding support to help offset the cost of providing clinical precepting if the employer meets the stipend requirements (see below). This amount is determined based on number of students training at your facility and the number of clinical rotations completed at your facility.
- Up to two nursing staff members may participate in the University of Montana's asynchronous, online Preceptor Training at no cost. This training may be completed at their convenience. A stipend will be provided to each participating preceptor, upon completion of the training. CNE is available for nursing staff who complete the UM Preceptor Training.
- Clinical preceptors can become UM clinical faculty affiliates and access UM Library resources such as journals and research databases.
- Access to SimMT Trainings (locations, dates, and simulations will vary depending on the need for student training).

Additional benefits for facilities where a student is employed:

If the student participating in the Missoula College LPN-to-RN Bridge Program is employed at your facility you may qualify for the following additional benefits:

- If the student has been employed at your facility for at least six months, your facility may be eligible for the [MT DLI Incumbent Worker Training program](#). This would reimburse your facility up to \$2,000 to help cover costs for the student/employee participating in this program.



Employer Stipend Requirements:

To receive the employer stipend provided through the HRSA grant funding, clinical precepting sites will need to provide the following:

- At least one staff member at the facility involved in the clinical precepting will need to participate in the program advisory board. This requires attendance at quarterly meetings for one year. The meetings are hosted virtually so there is no need for travel.
- Identify 2 nursing staff members who will complete the online UM Preceptor Training.
- Support in training student(s) in the following clinical rotations. Below is an outline of the clinicals required for this program and the clinical settings they can occur in.

Course	# of Hours	Clinical Setting	Time Frame
Maternal Health	36	OB/GYN, Labor & Delivery, Maternal Health Home Visiting Program or clinical setting, Mother/Baby Unit	May 17-July 30, 2027
Adult Nursing II	135	Med/Surg Unit, Acute Care Unit, Swing Bed Unit	Aug 23-Dec 10, 2027
Child & Family	36	Primary Care, School Nurse, WIC, Home Visiting Program, Health Dept. Vaccination Clinic	Aug 23-Dec 10, 2027
Leadership	45	Any setting, student needs to be assigned a nurse leader	Jan 12- Apr 28, 2028
Clinical Immersion	45	Any setting student choice of specialty that aligns with career choice. ICU, ER, Urgent Care, Med/Surg, Pediatrics, Mental Health, Public Health	Jan 12-Apr 28, 2028
Mental Health	32	Any setting providing mental health services, preferably an integrated behavioral health setting	Jan 12- Apr 28, 2028



Applicant Instructions:

As part of your program application, you are required to identify potential site(s) for your clinical training.

Please use the informational letter (referenced above) along with this form to inquire whether local facilities are willing to serve as a clinical training site. Your current place of employment may be used as a clinical site, provided it meets one or more of the required settings outlined previously.

This form must be completed by the individual responsible for approving clinical training placements at the facility (e.g., Director of Nursing, Director of Clinical Education). Depending on the availability of appropriate options within your community, you may complete your clinical hours at more than one site. These may include hospitals, health departments, schools, or pediatric programs or facilities. Additional rows may be added to the table below to accommodate multiple training locations.

Please note that submission of this form does not constitute a formal agreement or guarantee of placement. Rather, it represents your proposed plan for fulfilling the clinical component of the program.

Clinical Training Sites Form

You must complete the table below.

Course	Number of Hours	Facility Name	Clinical Setting	Facility Representative's Initials
Mental Health				
Maternal Health				
Adult Nursing II				
Child & Family				
Leadership				
Clinical Immersion				



For each facility listed in the table above, the corresponding facility information will need to be provided below.

Facility #1 Information

Facility Name:

Facility Representative:

Position/Title:

Email:

Phone Number:

Are you interested in receiving the Employer Stipend?

☐ Yes

☐ No

Does your facility have an affiliation agreement **with the University of Montana?**

☐ Yes

☐ No

☐ Not Sure

Signature:

Date: _____

Additional Site Information (if applicable):

Facility #2 Information

Facility Name:

Facility Representative:

Position/Title:

Email:

Phone Number:

Are you interested in receiving the Employer Stipend?

☐ Yes

☐ No

Does your facility have an affiliation agreement with the University of Montana?

☐ Yes

☐ No

☐ Not Sure

Signature:

Date:



Additional Site Information (if applicable):

Facility #3 Information

Facility Name:

Facility Representative:

Position/Title:

Email:

Phone Number:

Are you interested in receiving the Employer Stipend?

☐ Yes

☐ No

Does your facility have an affiliation agreement with the University of Montana?

☐ Yes

☐ No

☐ Not Sure

Signature:

Date:

Additional Site Information (if applicable):

Facility #4 Information

Facility Name:

Facility Representative:

Position/Title:

Email:

Phone Number:

Are you interested in receiving the Employer Stipend?

☐ Yes

☐ No

Does your facility have an affiliation agreement with the University of Montana?

☐ Yes

☐ No

☐ Not Sure

Signature:

Date:



Additional Site Information (if applicable):

Facility #5 Information

Facility Name:

Facility Representative:

Position/Title:

Email:

Phone Number:

Are you interested in receiving the Employer Stipend?

☐ Yes

☐ No

Does your facility have an affiliation agreement with the University of Montana?

☐ Yes

☐ No

☐ Not Sure

Signature:

Date: _____

Additional Site Information (if applicable):

Facility #6 Information

Facility Name:

Facility Representative:

Position/Title:

Email:

Phone Number:

Are you interested in receiving the Employer Stipend?

☐ Yes

☐ No

Does your facility have an affiliation agreement with the University of Montana?

☐ Yes

☐ No

☐ Not Sure

Signature:

Date: _____

Feel free to duplicate the "Facility Information" section if more sites are involved. Each clinical site must complete their own section of the form.