



Consortium for Clinical Education and Practice (CCEP) Bylaws

Mission:

To collaborate for optimization of the clinical educational capacity for Nursing & Allied Health programs in North Carolina; to provide quality, comprehensive clinical experiences for the Nursing & Allied Health students we serve.

Purpose:

Through collaborative relationships:

1. Facilitate coordination of student clinical placements between academic institutions and healthcare agencies so as to optimize availability of clinical placements.
2. Develop strategies to optimize clinical capacity.
3. Develop strategies for clinical faculty sharing.
4. Standardize the process of credentialing students and clinical faculty.
5. Utilize core orientation training and standardize credentialing requirements for students and clinical faculty.

Membership:

Membership will include, on a voluntary basis, representatives from academic institutions and healthcare agencies in North Carolina.

An *academic partner* is defined as an academic institution who is a member of the Clinical Consortium for Education and Practice and who utilizes the Core Orientation, Student & Faculty Passport, and clinical placement process for students enrolled in a health sciences program.

A *clinical partner* is defined as a healthcare agency who is a member of the Clinical Consortium for Education and Practice and who participates in the Core Orientation, Student & Faculty Passport, and clinical placement processes for credentialing and assigning students for placement at the agency.

Academic and clinical partners may be represented by more than one person, however, one person shall be designated as the primary contact and each partner has one vote.

Members commit to:

- working collaboratively
- providing timely follow-up for requests, feedback & input
- following established bylaws and procedures of CCEP
- engaging in active participation



Non-partners are academic institutions or healthcare agencies that are in the geographical area of the consortium and may or may not participate in the Core Orientation, Student & Faculty Passport, and clinical placement process. Non-partners may attend the meetings of the consortium but do not have a vote.

Clinical Partner Responsibilities:

Identifies and sends to meetings a liaison empowered to make decisions regarding clinical planning.

Academic Partner Responsibilities:

Identifies and sends to meetings a liaison empowered to make decisions regarding clinical planning.

Meetings:

Meetings are held, at a minimum, on a quarterly basis.

Meeting sites are rotated among the membership partners.

Decisions are made by a majority of members present; each partner has one vote. Meeting agendas and minutes are distributed by email to members- by the Chair- and posted on the AHEC website.

Leadership:

Chair: will be filled by an AHEC representative. Distributes agendas and minutes for meetings by email, and posts on the AHEC site.

Co-Chairs: will be filled by a clinical partner and an academic partner. Nominations for Co-Chairs (2) should be submitted to the chair by December 1st every 2 years (even years). The Chair will put forward the slate of nominations, in advance of the January meeting. The membership will vote during the month of January. Co-Chairs will be elected by majority vote of the total membership, and may serve a maximum of 2 two- year terms.

Steering Committee: will be comprised of the Chair and Co-Chairs. Role consists of:

1. Establishes meeting agenda.
2. Reviews and updates and update CCEP presentations.
3. Provides oversight of subcommittees.
4. Acts as liaison to the community.
5. Assigns sub-committees as necessary.

Recorder: will be rotated among partners.

Dissolution:

If the functions of the CCEP are no longer needed or effective, the membership may dissolve the CCEP by a majority vote. In the event of dissolution, any funds remaining in the treasury will be disbursed by a majority vote of the membership.