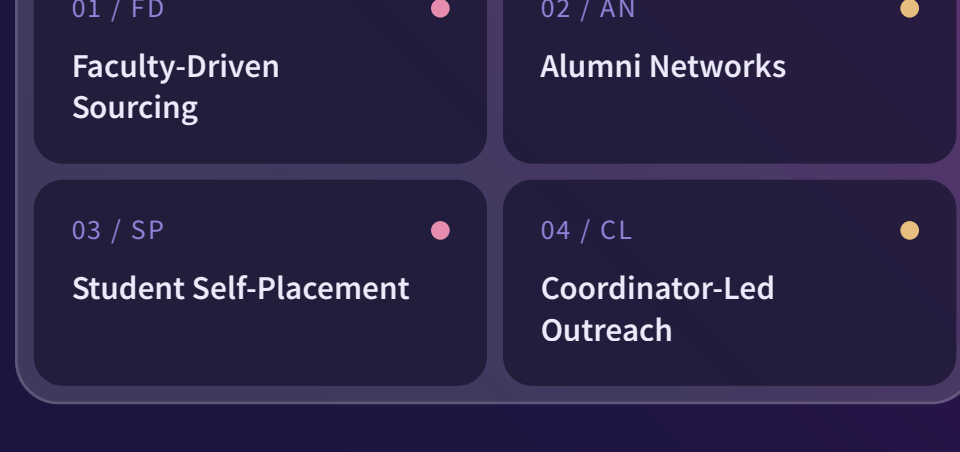


The 4 Clinical Placement Models NP Programs Run Today

Every program uses some mix of these four. Each one works until enrollment, accreditation, or faculty capacity asks it to do more than it was built for.

Sourced from NPHub program data and published NP education benchmarks (Cisive, AACN, CCNE)



THE FOUR MODELS, SIDE BY SIDE

No model works alone.

Most programs combine two or three, and every combination strains somewhere different.

Faculty-Driven Sourcing

FD

WHAT IT IS

Faculty use their own clinical practice networks to recruit preceptors.

STRENGTH

High clinical quality and strong alignment with program requirements.

STRAINS WHEN

Faculty retire or move, and sourcing pulls time from curriculum, research, and student guidance.

Scales with enrollment?

NO

Alumni Networks

AN

WHAT IT IS

Programs tap former graduates now in practice to host new students.

STRENGTH

Trust, continuity, and familiarity with program details.

STRAINS WHEN

Demand spreads beyond the local area or into specialties such as PMHNP, women's health, and pediatrics.

Scales with enrollment?

LIMITED

Student Self-Placement

SP

WHAT IT IS

Students secure their own preceptors through a program-approved application process.

STRENGTH

Low direct cost; works for students with strong existing networks.

STRAINS WHEN

Documentation thins, equity gaps open, and a structural responsibility lands on students.

Scales with enrollment?

NO

Coordinator-Led Outreach

CL

WHAT IT IS

A clinical placement coordinator manages outreach alongside scheduling and paperwork.

STRENGTH

Dedicated effort and consistent guidance through the placement process.

STRAINS WHEN

Sourcing competes with active rotation logistics and loses to whatever is most urgent that week.

Scales with enrollment?

LIMITED

THE HYBRID REALITY

Most programs run all four at once

Faculty contribute relationships. Coordinators chase leads. Alumni fill gaps. Students cover the rest. The hybrid is pragmatic, and for years it has worked.

The strain shows up when four things happen at once:

Enrollment grows

Faculty leave

Reviewers ask for documentation no one owned

The qualified preceptor pool shrinks against rising demand

30%

of program administrators name clinical placements as their single biggest operational inefficiency

CISIVE 2026 BENCHMARK

90%+

of programs report difficulty securing enough clinical sites affects their operations

NPHUB / AACN-CCNE PROGRAM DATA

THE SHARED BLIND SPOT

Every model is missing the same thing

Notice what all four models have in common. Sourcing preceptors is always someone's second job, layered on top of teaching, coordinating, or studying. None of them treat recruiting as a dedicated function.

UPSTREAM

Recruiting

THE SUPPLY LAYER

Sourcing, vetting, and onboarding qualified preceptors ahead of demand. In most programs, no one owns this full-time.

▼ feeds ▼

DOWNSTREAM

Coordination

THE EXECUTION LAYER

Scheduling, paperwork, and student support once a preceptor exists. This role is usually staffed. It can only place preceptors whom someone has already found.

The bottleneck isn't effort. It's structure.

When recruiting and coordination live in the same overloaded role, recruiting consistently loses to whatever rotation is most urgent that week. Capacity resets every term instead of compounding.

What would change if recruiting wasn't the faculty's second job?

That's the question most programs are working through right now. The NPHub university partnerships team thinks it through with NP and PA programs regularly.

[Talk to the University Partnerships Team →](#)

WHAT A DEDICATED RECRUITING FUNCTION CHANGES

Make recruiting its own job.

Pull sourcing out of the coordinator's workload and four things change.



Capacity

A continuous pipeline builds preceptors ahead of demand, so growth doesn't trigger a placement crisis a semester later.



Speed

Outreach runs on a consistent cadence rather than starting from scratch each term.



Compliance

Affiliation agreements, credential records, and site approvals are in place before a CCNE or ACEN review requests them.



Reliability

Preceptors are retained as long-term partners across cohorts, so capacity compounds.

What is a preceptor recruiter?

A dedicated professional who sources, vets, and onboards qualified preceptors at scale, operating upstream from clinical coordinators. The role requires clinical judgment, not just administrative outreach. A reviewer can verify a license. A clinician can judge whether a site's scope, acuity, and patient mix will support a meaningful rotation.

ONE WORKING EXAMPLE

Recruiting built as infrastructure.

NPHub's vetting function runs on five operational pillars.

Clinician-led oversight

Board-certified NPs source and vet every preceptor.

NP-to-NP vetting interview

A structured conversation on practice setting, specialty alignment, and acuity.

Credential & license integrity screening

Active licensure, board certification, and disciplinary review.

Clinical site approval

Sites are vetted separately from individual preceptors.

45-day re-verification

Active preceptors and sites are re-checked continuously.



A two-person team expanded its effective recruiting capacity many times over, freeing faculty to focus on teaching.

"It's been great. We had a lot more students who were placed that we didn't have to come up with alternative schedules and different things for them."

Dr. Cynthia Sanchez, Clinical Placement Coordinator, USC



A two-person team gained access to 2,000+ qualified preceptors across 45 states, dropping student stop-outs from 10 per semester to zero.

"Having NPHub actually go out there and essentially take my 2-man team and make it a 51-man team is HUGE."

Lisa Winch, Graduate Practicum Coordinator, Graceland University

Let's talk through your program's placement model.

Where it's holding, where it strains, and what a dedicated recruiting function would change. The NPHub university partnerships team has this conversation with NP and PA programs regularly.

[Start the Conversation →](#)

No pitch. Just a clear look at your options.