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# How to nominate a preceptor in eValue to promote to VACP in eValue

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Welcome to eValue

1. Read instructions on how to nominate a preceptor to become a VACP
2. Initiate Ad hoc Evaluations to get to forms screen

### My Information



If this or any other biographic information is incorrect or missing, you can [update this information](#).

**Email:** ashley.cordor@medhub.com

**Rank:** Faculty

**Roles:** Educator

### Urgent Tasks

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### Welcome to eValue

In eValue students and educators are able to complete a variety of educational activities including, completing evaluations, tracking clinical hours, and logging patient encounters.

### Faculty and Lecturers - eValue Tips & Info

- 1 How to submit a VACP nomination recommendation  
Select "Initiate Ad Hoc Evaluation" from the homepage and select the Faculty Sponsor Recommendation Form. In the SUBJECT field select the name of the preceptor you would like to recommend. In the COUR... [More](#)

### Personal Calendar

Sunday Aug 14	
Monday Aug 15	
Tuesday Aug 16	
Wednesday Aug 17	
Thursday Aug 18	

### UCLA Nursing Forms & Documents

[Employee Reduced Fee Enrollment Application](#)  
[Enrollment Petition](#)  
[Leave of Absence Request](#)

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## Initiate Ad hoc Evaluations

Select an evaluation type:

1 Faculty Sponsor Recommendation Form ▾

Who would you like to evaluate?

test

Filter

2 Test II, Preceptor ▾

Course &amp; Rotation:

3 Evaluation: Faculty Sponsor Recommendation Form ▾

Site:

4 UCLA Campus

If site not listed, choose  
"UCLA Campus"[Click for all Sites](#)

Time Frame:

5 2022 Fall Orientation: (08/01/2022 - 08/31/2022) ▾

[Click for all Time Frames](#)


Sort By Name

6 [Next -->](#)**Time Frame is current qtr, NOT the qtr you need VACP by**

If you do not see  
preceptor name listed,  
please contact  
[Lcostello@sonnet.ucla.edu](mailto:Lcostello@sonnet.ucla.edu)  
to add preceptor to  
eValue



University of California, Los Angeles  
Advanced Practice Registered Nurse (APRN)  
Program ID:8652

APRN Faculty Test  Help Favorites ▾ My Account ▾

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List preferred appointment start date.  
**Note: Requested start dates are not guaranteed.** (Question 19 of 20)

For administrative purposes please your list name below to confirm that you have reviewed and completed the Faculty Sponsor Recommendation Form. (Question 20 of 20 - Mandatory , Confidential)

If you are satisfied with the evaluation, click the **Submit** button. Once submitted, you will no longer be able to make changes to this evaluation.

[Save For Later](#) [Submit](#)

**Please fill out ALL questions and then hit Submit  
Your form will be routed to the Clinical Placement Coordinator to review and verify required hours for eligibility**