Department *of* Health & Human Services

Utah Rural Health Transformation Program

RISE 2.2, 2.C: Rural Clinical Preceptor Stipend Program
Application Packet

Applications are due Monday, June 29, 2026 @ 11:59 PM Mountain Time (MT)

CMS Disclaimer: This Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $195,743,566.29 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Background

The Rural Clinical Preceptor Stipend Program is a funding opportunity aimed at expanding rural clinical preceptor capacity and building a robust health workforce pipeline in rural Utah. To support workforce development infrastructure, the program offers a stipend for eligible preceptors to train MD, DO, APRN, and PA students in rural Utah. More information on eligibility criteria and preceptor expectations can be found in the subsequent sections of this application packet.

This federally funded opportunity is part of the Rural Health Transformation Program (RHTP), a five-year nationwide effort to strengthen and modernize healthcare in rural communities. The Utah Department of Health and Human Services (DHHS), authorized as the State's lead agency for RHTP efforts, gathered stakeholder input and developed a competitive application that was submitted to the Centers for Medicare and Medicaid Services (CMS) in November 2025. Utah was successfully awarded $195.7 million in federal funding for Year 1 of the program in December 2025. It is anticipated there will be five years of funding starting in 2026. Continued funding for the duration of the program is conditional on the availability of appropriated funds from CMS.

The Rural Incentive and Skill Expansion (RISE) initiative is one of seven initiatives in Utah's RHTP plan. The RISE initiative, in alignment with the Workforce Development strategic goal, comprises five key actions to build lasting infrastructure and capacity for the clinical workforce in rural Utah. The Rural Clinical Preceptor Stipend Program is directly linked to key action 2.2., Expand rural clinical preceptor capacity program, and its subactivity 2.C., Design and implement an incentive program to support rural clinical preceptors for a range of providers, including nurses, physician assistants, and physicians.

Utah RHTP Rural Clinical Preceptor Stipend Program
Applicant Requirements

Please read this information carefully.
You will be required to attest you have read and agree with the information at the start of the application.

Period of performance for Year 1:

- August 1, 2026 – December 1, 2026.
- Eligible preceptors will only receive compensation for hours completed during the Period of Performance for Year 1 timeframe.

Program eligibility:

- To qualify for this program, applicants and their preceptorship experiences must meet the following eligibility requirements:
    - Eligible preceptor: means a medical (MD) or osteopathic physician (DO), advanced practice registered nurse (APRN), or physician assistant (PA) who provides supervised clinical training to students.
    - Eligible preceptorship or precepting: means clinical education where a healthcare provider provides direct supervision, instruction, and evaluation to an eligible student.
    - Eligible students: only hours spent precepting medical residents, MD, DO, APRN, and PA students qualify for the stipend program. *All other student types are excluded from this program and hours for other student types will not be compensated.*
    - Preceptorship is considered "compensated" if the preceptor receives monetary compensation for their precepting services from any source. "Monetary compensation" is a direct cash payment, such as a stipend or fee, provided in exchange for work. Monetary compensation does not include non-cash benefits, such as continuing education credits, tuition assistance, or program discounts.

Required preceptorship hours:

- The preceptor must complete a minimum of 160 hours of eligible precepting within August 1, 2026 and December 1, 2026 in order to qualify for a stipend. Preceptors may complete more than 160 hours during the year 1 period of performance. See the chart below for more information.

Required preceptorship location:

- All eligible preceptorship hours must be completed in a rural county in Utah.

- A rural county means a county of the third, fourth, fifth, or sixth class under Utah Code Section 17-60-104. For simplicity, this means any county in Utah except for Salt Lake, Davis, Utah, and Weber counties.

Application prioritization criteria:

- Due to a high volume of interest in the Rural Clinical Preceptorship Stipend Program, DHHS will not be able to accept every applicant. Applications will be reviewed and accepted based on the following prioritization criteria. Applications meeting multiple prioritization criteria will receive higher priority.
- Prioritization criteria:
    - Priority 1: first time preceptors.
    - Priority 2: preceptors who do not currently receive any direct monetary compensation for precepting.
    - If there is a high volume of applications and a third prioritization category is needed, the following criteria for primary care and mental health specialties will be used. Priority 3 will not be factored into the initial review and will only be utilized if necessary.
        - Priority 3: preceptors who either work in primary care or mental health specialties.
            - Primary care specialities:
                - Family practice
                - Pediatrics
                - Primary care
                - Obstetrics/gynecology
                - Certified nurse midwife
                - Internal medicine
            - Mental health specialities:
                - Addiction/substance use
                - Behavioral/ mental health
                - Psychiatric/ mental health
                - Risk management

Requirement to become a Utah DHHS vendor:

- To be eligible to receive a stipend payment from Utah DHHS, an applicant must first be set up as a state vendor.
- Program staff must initiate the DHHS vendor registration process.

- Upon receiving an application, program staff will automatically submit the applicant's FI 170 and W9 collected within the application to "dhhsvendor@utah.gov" to initiate their vendor registration.
- The Utah DHHS Vendor team will contact applicants directly to finalize their vendor setup.
- **Vendor registration with DHHS is a proactive step and does not guarantee selection as a program participant.**
- Program staff are setting up all applicants as a DHHS vendor to ensure there are no administrative delays during the agreement process.
- Please be assured there are no obligations or negative consequences associated with becoming a registered DHHS vendor.

Stipend payment schedule:

- Stipend payment amounts will be based on the following schedule.

Stipend payment schedule by profession		
Total minimum hours	**Physicians**	**APRN and PAs**
160	$1,000	$750
320	$2,000	$1,500
480	$3,000	$2,250
640	$4,000	$3,000
800	$5,000	$3,750

Required tax reporting and 1099 information:

- Participants receiving stipends through the Rural Clinical Preceptor Stipend Program will be issued an IRS Form 1099 for all payments.
- Please be advised that all funds distributed through this program are considered taxable income.

Invoicing for period of performance for Year 1:

- An eligible preceptor may submit one invoice for period of performance for Year 1 for eligible preceptorship time according to the stipend payment schedule in the section above.
- Your invoice may reflect the completion of multiple eligible preceptorships, but the invoice may not total more than $5,000. The maximum total payment allowed for the State Fiscal Year that runs from August 1, 2026 to June 30, 2027 may not exceed $10,000 (which may include an additional, separately announced and administered period of performance.)

- All invoices must be submitted to the Utah Department of Health and Human Services (DHHS), Primary Care and Rural Health (PCRH) between 8:00 AM MT on Wednesday, December 2, 2026 and 5:00 PM MT on Friday, December 11, 2026.
- Invoices submitted after **5:00 PM MT on Friday, December 11, 2026** will NOT be accepted or processed for payment.
- Invoices must be submitted via a DHHS online portal. PCRH will provide the access link to applicants who are accepted into the program.
- Do not invoice hours spent precepting students for whom you receive monetary compensation from any other source.
- Submitting hours for compensated students will be a violation of program requirements and may result in my termination from the program and make me ineligible for any preceptorship stipend from the State of Utah.

Required documentation for invoicing:

- Invoice including:
    - Total eligible precepting hours completed (minimum of 160 hours)
    - Date(s) the eligible preceptorship was completed
- To confirm the successful completion of clinical hours, the preceptor must submit two separate signed attestations for each preceptorship:
    1. From each eligible student(s): A signed statement verifying the eligible precepting hours completed.
    2. From each eligible students' educational institution: A signed statement on official letterhead verifying the eligible precepting hours completed.
- DHHS will provide a template for the invoice.

Required progress report:

- A progress report is required for each invoice submitted and must be via the online portal as explained above. Progress reports must include the following measures:
    - The total number of clinical hours the preceptor supervised each eligible student
    - The total number of eligible students who successfully finished an eligible preceptorship under the preceptor
    - The total number of eligible students who were in medical, osteopathic, advanced practice nursing, and physician assistant programs
    - The total number of students precepted from each school

Required post-program exit questionnaire:

- To assess effectiveness of the program and make improvements for future periods of performance, preceptors who participate in the Rural Clinical Preceptor Stipend Program will be required to fill out an exit questionnaire at the end of the period of performance for Year 1. The questionnaire will help collect information to support program planning, evaluation, and improvement efforts.
- Each participating preceptor must complete the exit questionnaire before DHHS will process or issue their stipend payments.
- An exit questionnaire will be sent out to preceptors who participate in the Rural Clinical Preceptor Stipend Program, via the email they included on their application, on Tuesday, December 1, 2026.

Stipend distribution process:

- Currently $200,000 in funding is available for Utah's Rural Clinical Preceptor Stipend Program for Year 1. Any of the $200,000 that is not distributed for payment must be returned by DHHS to CMS. DHHS wants to ensure that all of the available funding is used for the program. DHHS expects that a modest number of providers will not be able to precept the full amount of students indicated in their applications. To account for these expected shortfalls in precepting, DHHS will obligate more than the $200,000 in total federal funding available. If this results in invoices from preceptors totalling more than $200,000, DHHS may not be able to pay stipends for all hours invoiced by preceptors under this program. For this reason, invoices will be processed and stipends will be paid to participating preceptors on a first-come first-served basis according to the date and time received.
- This potentially means that some preceptors who are accepted into the Rural Clinical Preceptor Stipend Program and submit an invoice may not be awarded a stipend.
- See the "Invoicing for period of performance for Year 1" section for more information on how and when to submit invoices.

How to apply:

- **Applications are due Monday, June 29, 2026 @ 11:59 PM Mountain Time (MT)**
- Access the Rural Clinical Preceptor Stipend Program application by clicking the link below or pasting it into your browser.
- For your reference, a copy of the Qualtrics application has been provided in this packet.
- Link to application: https://utahdhs.iad1.qualtrics.com/jfe/form/SV_9t8fpMzuYom3GrI
- To assist with your application, a step-by-step video guide is available here: https://drive.google.com/file/d/1m10QgCeJWWP5d2iPyLVDL8SBfsv8aaMi/view?usp=sharing.

- If accepted into the Utah Rural Clinical Preceptor Stipend Program, a copy of your signed application will be included in the agreement.
- Disclaimer: Submitting an application or invoice does not guarantee that a stipend will be awarded. As described in the stipend distribution section (above), stipends will be paid to approved applicants who submit an invoice on a first-come first-served basis according to the date and time received.

Technical assistance and support:

- For technical assistance with the application, please reach out to the Utah Primary Care and Rural Health team at opcrh@utah.gov.
- We have included checklists within this packet to guide you through both the application requirements and the payment steps following approval into the Utah Rural Clinical Preceptor Stipend Program.

Applicant Checklists

To be considered for the Utah Rural Clinical Preceptor Stipend Program, participants must submit all items listed on the application checklist.

Application checklist:

- ☐ Read through and agree with the requirements outlined in the Application Requirement document
- ☐ Must meet all of the following program eligibility requirements outlined in the Application Requirement document:
    - ☐ Be an eligible preceptor
    - ☐ Provide eligible preceptorship or precepting
    - ☐ Precept eligible students
    - ☐ Required preceptorship hours
    - ☐ Required preceptorship location
- ☐ Complete and submit application form via Qualtrics through the link here: https://utahdhs.iad1.qualtrics.com/jfe/form/SV_0CYZU2teZ2raCLY
- ☐ Become a Utah DHHS vendor.
    - ☐ Download the "FI-170 & W9" Form and fill it out completely which is located in Question 25 of the application.
    - ☐ Attach the fully completed "F1-170 & W9" Form in Question 26 of the application.
    - ☐ The Primary Care and Rural Health (PCRH) team will help to support applicants through this process. For any questions or support, please reach out to PCRH at at opcrh@utah.gov.
    - ☐ **Vendor registration with DHHS is a proactive step and does not guarantee selection as a program participant.**

To receive payment, participants must submit all items required by the payment checklist via the online portal.

Payment checklist:

- ☐ Complete a minimum of 160 hour eligible preceptorship hours with an eligible student within a required preceptorship location.
- ☐ Submit an invoice (template provided by PCRH) with the following information included:
    - Total eligible precepting hours completed (minimum of 160 hours)

    - Date(s) the eligible preceptorship was completed
- ☐ A signed statement verifying the eligible precepting hours completed from each eligible student.
- ☐ A signed statement on official letterhead verifying the eligible precepting hours completed from each eligible students' educational institution.
- ☐ Submit a progress report (template provided by PCRH) that includes the following measures:
    - The total number of clinical hours the preceptor supervised each eligible student
    - The total number of eligible students who successfully finished an eligible preceptorship under the preceptor
    - The total number of eligible students who were in medical, osteopathic, advanced practice nursing, and physician assistant programs
    - The total number of students precepted from each school
- ☐ Complete and submit a post-program exit questionnaire.

Department *of* Health & Human Services

In accordance with Utah Code, information provided in this application will be classified as a public record under Section 63G-2-301, and may be available to the public as provided by Section 63G-2-201.

By submitting this application, I certify that I have reviewed the information and Applicant Requirements posted to the Utah Rural Health Transformation Program website here: https://dhhs.utah.gov/ruralhealth/funding-opportunities/.

- ○ I certify

I agree to and understand that stipend payment(s) for precepting is contingent upon meeting all Applicant Requirements and subject to funding availability as described in the Applicant Requirements. Stipends will be paid for completed, valid invoices received on a first-come first-served basis, in accordance with prioritization and all other requirements as solely determined by the Utah Department of Health and Human Services (DHHS).

- ○ I agree to and understand

1. First Name

2. Last Name

3. Email

4. Phone number

5. What is your license type?

- ○ MD
- ○ DO
- ○ APRN
- ○ PA

6. Utah Division of Professional Licensing (DOPL) License Number

7. National Provider Identifier (NPI)

8. Please upload a file copy of your board certification *(if applicable)*

9. Payment Address

Street address (including any suite or unit number)	
City	
State	
Postal code	

10. What is the name of the organization you work for?

11. How many **years** have you been practicing in your profession since obtaining your inital license?

12. Which of the following best describes the primary specialty/field/area of practice in which you spend most of your professional time?

12a. If “Other specialty” was selected, please describe your specialty below.

13. Practice setting type *(Select all that apply)*

- [ ] Critical Access Hospitals
- [ ] Rural Emergency Hospitals
- [ ] Independent Rural Hospital
- [ ] Sole Community Hospital
- [ ] Rural Health Clinic
- [ ] Federally Qualified Health Center
- [ ] Private
- [ ] Public
- [ ] Non-profit
- [ ] Other-please specify

14. What type of student type(s) will you be precepting?

- [ ] MD
- [ ] DO

- [ ] APRN
- [ ] PA
- [ ] Physician/ medical residents

15. For this specific RHTP activity, Year 1 will consist of a shortened period of performance from August 1–December 1, 2026. Please provide the projected number of students you anticipate or estimate precepting during Year 1.

16. Please provide the estimated number of precepting hours you anticipate invoicing for during Year 1 at your Primary Practice Address.

17. Primary Practice Address

Street Address (including any suite or unit number)	
City	
State	
Postal code	

18. Please provide the estimated number of precepting hours you anticipate invoicing for during Year 1 at your Secondary Practice Address. *(If applicable)*

19. Secondary Practice Address *(if applicable)*

Street Address (including any suite or unit number)	
City	
State	
Postal Code	

20. Do you currently receive a stipend or other form of monetary compensation for precepting? *(Monetary compensation is a direct cash payment, such as a stipend or fee, provided in exchange for your work that does not include non-cash benefits like continuing education credits, tuition assistance, or program discounts.)*

- ○ Yes
- ○ No

20a. How many students are you currently being compensated for?

20b. How many additional students are you anticipating taking on that you will not be compensated for?

20c. By typing my full name, I attest that I will not submit preceptorship hours for any student(s) for which I am already receiving financial compensation. I understand that submitting hours for compensated students may result in the forfeiture of my preceptorship stipend from the State of Utah.

21. Is this your first time precepting?

- ○ Yes
- ○ No

22. The stipend was an important factor in my decision to serve as a preceptor.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree

23. Excluding financial incentives, which of the following professional or personal factors influenced your decision to apply for a preceptor role? *(Select all that apply)*

- [ ] Commitment to training the future workforce
- [ ] Investing in students' future
- [ ] Joy of teaching students
- [ ] Keeping knowledge current
- [ ] Recruiting for region or specialty
- [ ] Serving as a role model
- [ ] Leadership/ training opportunities
- [ ] Continuing Medical Education (CME) credit
- [ ] My organization requires or encourages it
- [ ] My student(s)/ trainee(s) eventually take on some of the workload
- [ ] Other- please specify

24. Which of the following barriers have limited your ability to serve as a preceptor? *(Select all that apply)*

- [ ] Not applicable
- [ ] I have not met the necessary requirements to serve as a preceptor before
- [ ] I am not interested in precepting or supervising trainees
- [ ] I do not have enough time in my schedule
- [ ] I am not prepared to take on the additional responsibility
- [ ] I do not feel confident in my ability to teach or supervise trainees
- [ ] My organization does not support or offer precepting opportunities
- [ ] There are insufficient financial incentives or compensation
- [ ] I am not connected to a program or school that places trainees
- [ ] Difficulty attracting or securing trainees for placement at my site
- [ ] Other- please specify

25. To become a DHHS vendor, please click the "FI 170 and W9" link below to download and complete the DHHS vendor registration form.
FI 170 and W9

26. Please attach the fully completed "FI 170 and W9" form linked in Question 25. *Please note that incomplete forms will be returned to the applicant for completion before the applicant can be established as a DHHS vendor.*

27. By checking this box, you authorize us to share your name, phone number, email address, DOPL license number, and board certification with local educational institutions for preceptorship opportunities.

○ I agree

28. By checking this box, you authorize those local schools or universities to provide us with periodic updates on your preceptorship experiences and hours.

○ I agree

29. I certify under penalty of law that all of the information I am providing in this form is true and correct.

SIGN HERE

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