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Licensed by: NM Commission on Higher Education  
 Accredited by: Midwifery Education Accreditation Council

# ASM Preceptor Application National College of Midwifery

(Revised 4/09)

Application Date \_\_\_\_\_

**Please Print Clearly**

Preceptor's Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Proposed Dates for Course of Study \_\_\_\_\_ to \_\_\_\_\_

Type of Certification/Licensure (circle one): CM, LM, DEM, CPM, CNM, Licensed Physician Practicing Obstetrics,

PA Midwife, or other: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of *first* Midwifery / OB Certification/Licensure: \_\_\_\_\_ (*minimum one year*)

Highest Academic Degree: \_\_\_\_\_ (*please attach copy*). NCM Graduate? Yes / No

**Self-Assessment Tool:**

Caseload per month per midwife in your practice (number of clients divided by number of midwives): \_\_\_\_\_

Do you have a partner or assistant? Yes / No

How many hours do you spend relaxing with friends or family each week? (*Hours spent asleep do not count*): \_\_\_\_\_

Do you have any off-call time? Yes / No

How many hours per week will you expect your student to spend in clinic? \_\_\_\_\_

How many hours per week will you expect your student to have off? \_\_\_\_\_

How many hours per week can you guarantee your student for academic supervision and clinical debriefing? \_\_\_\_\_

Looking at the above information, please evaluate your ability to be a patient, attentive, and inspirational preceptor for your student \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach the following required items to this application form:**

- Resume
- 3 Completed reference forms
- Copy of current midwifery / OB license with expiration date
- Copy of highest academic degree
- Oversight Form (1 per student)
- Student-Preceptor Contract with NCM Student
- Floor plan of academic and clinical space to be used with the student(s)
- Equipment and Restocking Checklist (to show that supplies are adequate to teach all NARM skills)
- Safety Standards Form (if public building, include copy of most recent safety inspection)

*(Incomplete applications will be discarded after 90 days)*