



National College of Midwifery
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Taos, NM 87571
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**Preceptor Reference
Form
for the
ASM, BSM, MSM, PHD**
(revised 02/07)

Directions for PRECEPTOR APPLICANT:

Please fill in your name, mailing address, phone number, and student's name. This evaluation of you will remain confidential and will be restricted to members of the Faculty Board.

Applicant Preceptor's Name:	
Mailing Address:	
	Phone:
Email address:	
Student's Name:	

Directions to EVALUATOR:

The person named above is applying to the Faculty of the National College of Midwifery as a preceptor for midwifery students. Please indicate your opinion of this person's ability to perform this function in the following questions.

**Please complete all parts of this form below the applicant's name and address:
Mail this form within two weeks to:**

**National College of Midwifery
#209 State Road 240
Taos, NM 87571**

REFERENCE INFORMATION:

1. How many years have you known the applicant:
2. Your relationship to the applicant is that of (Circle): Employer, Co-Worker, Personal Acquaintance, Supervisor, Other (specify):
3. Your occupation is: Midwife, Physician, Nurse, Administrator, Other (specify):

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4. Describe the applicant's current or past experience that qualifies her/him to be a midwifery preceptor:

5. Describe the applicant's good standing in the community and among her/his peers: (include membership in professional organizations, peer review groups, and call coverage relationships)

6. Describe the applicant's disposition, skills, and/or experience as a teacher:

ADDITIONAL COMMENT AND INFORMATION:

Are you aware of any personal, professional or family problems that may interfere with the applicant's ability to fulfill their obligations as a midwifery preceptor satisfactorily?

(Circle) YES NO

If YES, please explain:

SUMMARY RECOMMENDATION:

_____ I highly recommend this applicant as a Faculty Member and preceptor of the National College of Midwifery.

_____ I feel that is candidate is qualified and competent as a faculty member and preceptor.

_____ I do not recommend this applicant as a faculty member and preceptor.

I completed this reference personally and it is my understanding that the information provided will be used only by the National College of Midwifery and will be held in confidence.

SIGNATURE:

DATE:

NAME: (Please Print)

TITLE: (Please Print)

ADDRESS: (Please Print)

PHONE: