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

ASM Contract Between Student, Multiple Preceptors Within a Single Training Program, & The National College of Midwifery

Revised 3/2012
 10 pages

Student Enrollment

Name of Student _____

Current Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Phone _____ Fax: _____

Email _____

Permanent Address of family or other stable address where we can reach you if you move): _____

Preceptor Enrollment

Training Program Name: _____

Preceptor Names: *(Preceptors: please use this number throughout the entire form.)*

1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

Training Program Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Phone _____ Fax: _____ Email _____

Date on the front of the Learning Objectives being used: 2012

Date on the Student Handbook and Catalogue being used: 2012

Date Classes Begin: _____

Dates of study covered by this contract, From: _____ To: _____

(Dates of study should be from the time you begin with your Preceptor up to your expected date of graduation)

Student Recitations:

(Student Initials each)

1. _____ I have read the description of the curriculum in the National College of Midwifery Student Handbook for the Associate Degree in Midwifery.
2. _____ The College sends out regular updates via email. I will keep a current working email address as well as current contact information on file with the College. If the College is unable to contact me for a period of one year, without prior arrangement, I will be withdrawn.

3. _____ I understand that enrollment by itself does not guarantee the issuing of a degree. The Associate of Science in Midwifery Degree will be awarded only when all of the following are completed and documentation of all is on file at the College administration headquarters:
 - a. When skills, clinical and academic course requirements are successfully completed;
 - b. When outside examination is successfully completed;
 - c. When the student has paid all college fees in full
4. _____ I understand that if I choose not to take an exam, after completion of my coursework, the National College of Midwifery will issue a Certificate of Midwifery.
5. _____ The ASM is a 3-year equivalent program, which can be completed from 1 to 5 years. If I have not completed my program within 3 years, I will submit a plan for completion to NCM signed by my preceptor and myself, and will be responsible for annual accreditation fees. The 5-year limit for completion of my degree includes any time taken on inactive status, and that my annual accreditation fee must be paid even during those years I may be on inactive status.
6. _____ I, not my preceptor, am responsible for organizing and directing my studies and all attendant NCM paperwork.
7. _____ At the end of each trimester I must submit a progress report consisting of copies of the following: Student-Preceptor Evaluation, Student Record with new grades, Clinical Record Forms, and updated MEAC Abbreviated NARM Skills form. All submissions must be signed and dated by my supervising preceptor.
8. _____ In the case of any conflict or dispute with my preceptor, I agree to contact NCM for counseling and/or mediation services.
9. _____ I understand that I will not receive my diploma and final transcript until any outstanding fees are paid to the College
10. _____ I must complete all 8 academic modules of the NCM Learning Objectives, including: 12 credit hours in Math and Human Life Science, 14 credit hours in Critical Thinking and Psychosocial Issues, 6 credit hours Antepartum Management, 6 credit hours in Intrapartum Management, 6 credit hours in Postpartum Management, 6 credit hours in Newborn Management, 6 credit hours in Well-Woman Reproductive Health Care, and 25 credit hours in Professional Issues.
11. _____ I must meet Clinical Experience Requirements adhering to the requirements of the North American Registry of Midwives (NARM). These include 30 Well Woman/Family Planning Visits, 20 Initial Prenatal Visits, 55 Prenatal Visits, 20 Labor Assists, 20 Deliveries of Newborn and Placenta as Primary Midwife, 20 Newborn Examinations, 40 Postpartum Exams of Mother and Baby, 10 of the 20 Births as Primary must be in Out of Hospital Setting, and 3 Continuities of Care. Additionally I must complete the MEAC Abbreviated NARM Skills Form. These clinicals must take place over at least 12 months under the direct supervision of an approved, credentialed preceptor/s with whom I have student preceptor contract on file with NCM. These can take place at a single site or a variety of sites.
12. _____ My presence at supervised clinical experiences must be noted in patient charts by name or initials, subject to audit.
13. _____ It is my responsibility to keep a detailed and updated logbook of all my clinical experiences and to have my preceptor personally supervise, evaluate and sign off on all my clinical experiences.
14. _____ If I desire more clinical experience I can request the College refer me to a high volume birth clinic.
15. _____ I understand that NARM requires that 10 of my births as primary must be completed within 3 years of taking the NARM exam.

16. _____ I understand that NARM requires the signatures of 2 preceptors on 4 of the NARM Skills.
17. _____ All academic and clinical work submitted towards my degree is subject to approval by NCM.
18. _____ I understand that upon enrollment with NCM or any other MEAC school, NARM requires me to purchase an application packet including the paperwork I will need to complete prior to taking the NARM exam.
19. _____ I understand that the administrative fee paid to NCM may be deductible on my personal income taxes, but that the fees paid to my preceptor are not deductible.
20. _____ I understand that there are different routes of entry to midwifery. The National College of Midwifery trains Direct Entry Midwives not Nurse Midwives.
21. _____ I understand that there are different learning styles. The National College of Midwifery is geared towards the innovative learner vs. learners requiring more structure. I understand that this is a self-directed program.
22. _____ I understand that the National College of Midwifery does not have a job placement program and that upon graduation; it is my responsibility to find employment as a midwife.
23. _____ I understand that the legal status of midwifery varies from state to state. It is my responsibility to know the laws in the state in which I will practice upon completion of the NCM program.
24. _____ I understand the steps I must take to become a CPM and/or gain state licensure.
25. _____ I understand that the National College of Midwifery is accredited by a small, private accrediting agency, the Midwifery Education Accreditation Council (MEAC), recognized by the US Department of Education. Most colleges and universities are accredited directly by the US Department of Education, through one of their five regional agencies. These schools only accept credits from schools with the same type of accreditation. If I am planning to continue with another college or university, it is my responsibility to check with them if they will accept credit from NCM.
26. _____ I understand that if I plan to seek licensure in **California** I must complete two additional courses, in Chemistry and Child Development, and additional Learning Objectives in anesthesia/analgesia, suturing and episiotomies.

Student Signature: _____ **Date:** _____

Preceptor Job Description: Preceptor Rights, Responsibilities & Requirements
Preceptor Recitations (Preceptor Initials Each):

Preceptor, please <u>write name</u> in this space and <u>initial</u> in boxes below:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. I am able to provide the student with the required academic and/or clinical experience and supervision.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

<p>(Preceptor Recitations Continued)</p> <ul style="list-style-type: none"> • Curriculum vitae/ Resume • Floor plan of academic and clinical space to be used, showing fire extinguishers, smoke alarms, and emergency exit plan • Equipment and restocking checklist for clinical facility • Safety Form listing standards followed in practice 																				
<p>12. I agree to engage in Peer Review of all negative clinical outcomes within 60 days, and must file an NCM Incident Report with the College, within the same timeframe.</p>																				
<p>13. I agree to meet with my student weekly or at a regularly scheduled time to review clinical and academic progress, troubleshoot problem areas, build on areas of strength, and debrief any adverse clinical outcomes.</p>																				
<p>14. I am aware that the College provides free counseling and mediation services to students and preceptors. In the event of any conflict or dispute with my student, I agree to contact the College administration for mediation services, and I agree to encourage my student to contact the College administration for additional counseling by College staff. I understand that the College will fill out an internal incident report evaluating my handling of the disagreement, and that a copy of this report will be sent to me, while another copy will be placed in my College file.</p>																				
<p>15. I understand that the following are the conditions for probation or termination by National College of Midwifery:</p> <ul style="list-style-type: none"> • Preceptor fails to adhere to the duties set out in this contract • Preceptor fails to provide student with the required academic or clinical supervision • Preceptor fails to debrief student to her satisfaction after an adverse clinical outcome, and subsequently fails to engage in mediation by college administration as requested by student 	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16				
<p>16. I agree to report to the College any changes in a student's status, such as completion of clinical and academic requirements, successful completion of NARM or state midwifery certification exams, or withdrawal from the program</p>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16				
<p>17. I agree to sit on the Faculty Advisory Board as an advisor to the College, and to sit on review committees for research projects by Bachelor, Master and Doctoral degree candidates of the College.</p>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16				
<p>18. I agree to review the College materials for the student and to send the College any recommendations for improvements. I may provide the College at any time with verbal or written suggestions for</p>	1	2	3	4	5	6	7	8	9	10	11	12	9	10	11	12				

Total Requirements-Clinical Experience: PRECEPTOR: PLEASE WRITE YOUR NAME IN THE SPACE PROVIDED TO THE RIGHT, THEN FILL-IN THE NUMBER OF CLINICAL EXPERIENCES (OF ALL PRECEPTORS IN THE TRAINING SITE COMBINED) YOU CAN GUARANTEE IN EACH CATEGORY AND <u>INITIAL</u> EACH BOX TO THE RIGHT OF THE CLINICAL NUMBERS.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
I am a Clinical Preceptor for this Student:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
I am an Academic Preceptor for this Student:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		Number:															
30 Well-Woman, Family Planning	___ of 30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20 Initial Prenatal Visits	___ of 20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
55 Prenatal Visits	___ of 55	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20 Labor Assists	___ of 20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20 Deliveries of Newborn and Placenta as Primary Midwife	___ of 20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20 Newborn Examinations	___ of 20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
40 Postpartum Visits to Mother and Baby	___ of 40	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
SPECIAL REQUIREMENTS																	
10 of the 20 Births as Primary in Out of Hospital Setting	___ of 10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
3 of the 20 Births as Primary include 4 prenatals, the birth, 1 newborn, 1 postpartum for each of the 3 women	___ of 3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Student Recitation: I understand that my clinical experiences must take place over a period of time not less than 1 year. I understand the clinical requirements for my degree and the number of clinical experiences I will receive with this preceptor. I understand that my preceptor(s) cannot guarantee the time it will take for me to complete my clinical experiences and that it is my responsibility to attend the minimum required number. If the number of clinical experiences I receive does not meet the minimum requirements or if my relationship with this preceptor(s) ends before I complete my clinicals, I will find an additional clinical preceptor with which to complete them. If the number of clinical experiences I will receive with this preceptor will not suffice for my degree, I have an additional clinical preceptor enrolled with the National College of Midwifery.

Student Signature:	Date:

Student and Preceptor Recitation:																
30. In the case of any adverse clinical outcome, I agree to debrief with my student to the satisfaction of both of us. If either of us cannot reach satisfaction on the completion of the debriefing process, we both agree to contact the College administration for mediation services.	1	2	3	4	5	6	7	8	9	10	11	12	9	10	11	12
	Student Signature:								Preceptor Signatures:							
Student signature	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Outside Examination:

The Associate Degree of Science in Midwifery is issued when in addition to all the above, the candidate submits evidence of successful completion of a state midwifery licensing examination, a state midwifery association examination, or a national midwifery examination. If an outside examination is not taken or passed, but all other requirements for the degree are met, a Certificate in Midwifery will be awarded.

Stipulations for Granting of Associate of Science in Midwifery Degree:

Enrollment by itself does not guarantee the issuing of a degree. The Associate of Science in Midwifery Degree will be awarded only when all of the following are completed and evidence of all is on file at the College administration headquarters:

1. When prerequisites are met;
2. When skills, clinical and academic course requirements are successfully completed;
3. When outside examination is successfully completed;
4. When the College has documentation of the above;

When the student has paid all accreditation and library fees in full.

Preceptor Fees:

The tuition is paid directly by the student to the preceptor. Students and their preceptor(s) can make whatever financial agreements they wish, provided evidence of an agreement is filed with the College. The College suggests the following minimums:

Required Payment to College

Application fee to College:	\$100	Administrative fee to College:	\$4,900
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- Accreditation Fee and Application fees are subject to change.
- If the student has separate academic and clinical preceptors, the preceptor fees can be pro-rated in a ratio of 60% for academic and 40% clinical preceptorship.

Administrative and Preceptor Fee Refunds:

Withdrawal prior to commencing instruction with the preceptor (Date of commencing instruction with the preceptor is considered to be the date of enrollment with the National College of Midwifery): All fees paid to the College except \$200 registration charges will be refunded. When the student withdraws after having paid both the College and the preceptor, refunds are calculated based on the longest trimester, (January through May) or 152 days:

College Refunds Student Preceptor Refunds Student

Withdrawal prior to commencement of instruction / enrollment: All fees paid to the College except \$200 registration charges will be refunded.		
Withdrawal within the first 15 days after enrollment:	90% of full administrative fee	90% of preceptor fee paid
Withdrawal after 16 and before 38 days:	50% of full administrative fee	50% of preceptor fee paid
Withdrawal after 39 and before 75 days:	25% of full administrative fee	25% of preceptor fee paid
Withdrawal after 75 days:	0% of full administrative fee	0% of preceptor fee paid

Preceptor Fee Agreement:

Student Name: _____

Agrees to pay Program Name: _____

The following amount: \$_____ per trimester. If this arrangement changes, or fails to be honored by the student, the preceptor will notify the College.

If student and preceptor have agreed upon a payment schedule other than by trimester, please detail that schedule, with amounts to be paid, here (e.g., student pays monthly, per birth, etc.

(Attach on separate page if necessary):

I have read this enrollment contract in its entirety and agree to all its provisions.

Student Signature:		Date:
Preceptors Name/s:	Signature:	Date:
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College Official's Signature:		Date: