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**ASM Contract**

**Between Student, Preceptor, &  
 The National College of Midwifery**

Revised 11/11

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

*(6 pages) Please ensure that all blanks are filled-in prior to submission, do NOT submit by fax*

<b>Name of Student:</b> _____	
Student Address: _____	
City: _____	State: _____ Country: _____ Zip Code: _____
Phone _____	Email _____
<b>Name of Preceptor:</b> _____	
Preceptor Address: _____	
City: _____	State: _____ Country: _____ Zip Code: _____
Phone _____	Email _____
Date of Curriculum being used: _____	01/2012
Date of Student Handbook and Catalog being used: _____	2012
Date Classes Begin: _____	Dates of study covered by this contract: _____ to _____
<small>(Dates of study should be from the time you begin with your Preceptor up to your expected date of graduation)</small>	

**Student Recitations:**

(Student Initials each)

1. \_\_\_\_\_ I have read and I understand 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 If the College is unable to contact me for a period of one year, without prior arrangement, I will be withdrawn.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:
  - When skills, clinical and academic course requirements are successfully completed;
  - When outside examination is successfully completed;
  - When the student has paid all college fees in full
4. \_\_\_\_\_ I understand that if I choose not to take an outside examination, after completion of my coursework, or if I fail the exam, 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 and all work submitted to the College must be accompanied by an evaluation with every preceptor with whom I have worked during the trimester.

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):**

1. \_\_\_\_\_ I am able to provide the student with the required (circle) **academic** and/or **clinical** experience and supervision.
2. \_\_\_\_\_ I hold the equivalent or higher academic degree than that sought by the student.
3. \_\_\_\_\_ I am either: (circle) Licensed Midwife, Midwife holding College-approved certification by my state midwifery organization, Certified Nurse Midwife, Physician Assistant Midwife, Licensed Physician practicing obstetrics.
4. \_\_\_\_\_ I have had at least one year of on-the-job experience since licensure/certification.
5. \_\_\_\_\_ I agree to provide grades for the academic requirements, and transcripts of experiences supervised by me.
6. \_\_\_\_\_ I agree to submit a progress report at the end of each trimester consisting of signed copies of the following: Student-Preceptor Evaluation, Student Record with new grades, Clinical Record Forms, updated MEAC Abbreviated NARM Skills form, and Syllabi for upcoming trimester at the end of each trimester. These items are due each January 31<sup>st</sup>, June 30<sup>th</sup> and September 30<sup>th</sup>.
7. \_\_\_\_\_ My student and I have reviewed and are aware of the supervision requirements of our State's midwifery regulations and of the guidelines of all relevant State midwifery associations. We have formulated a supervision and back-up plan based on these regulations and guidelines, which will promote the safety of mothers and babies.
8. \_\_\_\_\_ I understand that I am required to practice within the midwifery guidelines of my state midwifery association, or the CPM Guidelines, in the absence of state guidelines.
9. \_\_\_\_\_ I understand that I will be evaluated annually based on my trimesterly student-preceptor evaluations, work submitted, and internal incident reports. I agree to submit student and preceptor evaluations and plans for the upcoming trimester at the end of each trimester, to participate in NCM Supervision of my teaching participate in two-way evaluation sessions
10. \_\_\_\_\_ I agree to incorporate the International Confederation of Midwives Core Competencies for Midwifery Preceptors into the teaching process.

**Preceptor Recitations, continued (Preceptor Initials Each):**

11. \_\_\_\_\_ I will ensure that the College has all updated/renewed documents relevant to my status as a preceptor, including:
- Copy of current certification/license
  - Copy of most advanced degree
  - ASM Contract for each student enrolled in NCM
  - 3 References (upon application)
  - 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
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.
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.
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.
15. \_\_\_\_\_ I understand that the following are the conditions for probation or termination by National College of Midwifery:
- 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
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.
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.
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 improvements to any aspect of the College program or administration.
19. \_\_\_\_\_ I may attend and will be informed of annual College Board meetings.
20. \_\_\_\_\_ I may gain access to my personal preceptor file maintained by the College.
21. \_\_\_\_\_ I may be paid tuition directly by the student according to this mutually agreed upon contract. A copy of this contract will be kept in the student's College files.
22. \_\_\_\_\_ I may terminate student-preceptor relationship with any student if a working relationship is not in place or fails to develop, or if the student fails to pay me according to the Student-Preceptor Contract, and will notify the College in writing of such occurrence.
23. \_\_\_\_\_ I may request mediation services with the student from the college administration at any point this is needed and I may participate in the College Grievance Procedure according to College policy at any time this is needed.
24. \_\_\_\_\_ I am aware that I am required to file with the IRS and my State taxation department on all income earned from students in NCM programs.

**Preceptor Recitations, continued (Preceptor Initials Each):**

**Clinicals**

**Preceptor Initials:**

I am a <b>Clinical</b> Preceptor for this Student:		
I am an <b>Academic ONLY</b> Preceptor for this student and will not be providing any clinicals.		
<p>25. _____ I have disclosed the volume of clinical interactions and the probable time frame necessary for completion of the program's clinical requirements with my student.</p> <p>26. _____ I understand that I must be in <i>direct supervision</i> (be physically present to diagnose, authorize, and approve all work performed) of all the clinical encounters, births, and NARM skills for which I sign-off.</p> <p>27. _____ I agree to supervise my student's mastery (confidence and competence) of the NARM skills, using the text <u>Practical Skills Guide to Midwifery</u> by Sharon Evans and Pam Weaver as a guide, and to document her acquisition of these skills each trimester on the <u>MEAC Abbreviated NARM Skills List</u>.</p> <p>28. _____ I agree to note the student's name or initials on all client charts for supervised clinical experiences, and to make these charts available for review, in case of audit.</p> <p>29. I am aware of the number of clinical requirements as illustrated in the chart below and indicate with <b>my initials</b> in the "Instructor" column the <b>minimum number of clinical experiences as primary</b> (unless marked "observation" or "assist") this student will obtain in my setting in the "number" column</p>		
<i>Preceptor must write-in &amp; initial the number of clinicals she/he will supervise:</i>		<b>Number: Preceptor Initials:</b>
<b>30</b> Well-Woman, Family Planning	<input type="text"/> of 30	
<b>20</b> Initial Prenatal Visits	<input type="text"/> of 20	
<b>55</b> Prenatal Visits	<input type="text"/> of 55	
<b>20</b> Labor Assists	<input type="text"/> of 20	
<b>20</b> Deliveries of Newborn and Placenta as Primary Midwife	<input type="text"/> of 20	
<b>20</b> Newborn Examinations	<input type="text"/> of 20	
<b>40</b> Postpartum Visits to Mother and Baby	<input type="text"/> of 40	
<b>SPECIAL REQUIREMENTS</b>		<b>Preceptor Initials:</b>
<b>10</b> of the 20 Births as Primary in Out of Hospital Setting	<input type="text"/> of 10	
<b>3</b> of the 20 Births as Primary include 4 prenatals, the birth, 1 newborn, 1 postpartum for each of the 3 women	<input type="text"/> of 3	
<p><b>Student Recitation:</b> I understand the clinical requirements for my degree and the number of clinical experiences I will receive with this preceptor. If the number of clinical experiences I will receive with this preceptor will not suffice for my degree, I have an <i>additional clinical preceptor_enrolled</i> with the National College of Midwifery. I will not be enrolled until I have contracts accounting for all clinical experiences.</p>		
<b>Student Signature:</b> _____	<b>Date:</b> _____	

**30. Student and Preceptor Recitation:**

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.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fees for 2011 (subject to change- use most current fees):**

**Fees paid to NCM:**

Application Fee (non refundable):	\$100
Administrative Fee:	\$4,900
Accreditation Fees: Students are responsible for annual accreditation fees for additional years of study beyond 3 years. Accreditation Fee and Application fees are subject to change.	

**Fees paid to Preceptor:**

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

Trimester 1: January through May:	\$2,500
Trimester 2: June through August:	\$1,500
Trimester 3: September through December:	\$2,000

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:**

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:

Withdrawal	NCM Fees refunded after enrollment	Preceptor Tuition refunded after commencement of instruction
0 - 1 day of enrollment / commencement of instruction: All Administrative Fees paid to the College except \$100 registration charges will be refunded.		
2 -16 days after enrollment:	90% of full administrative fee	90% of preceptor fee for period
17 - 38 days after enrollment:	50% of full administrative fee	50% of preceptor fee for period
39 - 76 days after enrollment:	25% of full administrative fee	25% of preceptor fee for period
Withdrawal after 76 days:	0% of full administrative fee	0% of preceptor fee for period

(Revised 1/09 to conform to NM Commission of Higher Education rule 20.D)

**Preceptor Fee Agreement:**

Student Name: \_\_\_\_\_

Agrees to pay Preceptor Name: \_\_\_\_\_

The following amount: \$\_\_\_\_\_ per trimester.

Preceptor Fee Period \_\_\_\_\_ Amount Due \_\_\_\_\_

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 another page if necessary):**

\_\_\_\_\_

\_\_\_\_\_

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

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_