

# Preceptor Reference Form

**Directions for PRECEPTOR APPLICANT:**

Fill in this section of the form before giving it to the Evaluator

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):

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:**

<p>____ I highly recommend this applicant as a Faculty Member and preceptor of the National College of Midwifery.</p> <p>____ I feel that is candidate is qualified and competent as a faculty member and preceptor.</p> <p>____ I do not recommend this applicant as a faculty member and preceptor.</p>
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***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:	