



209 State Road 240  
 Taos, NM 87571  
 Tel: (575) 758-8914 or 613-4575  
 Fax: (575) 758-0302  
 info@midwiferycollege.org  
 www.midwiferycollege.org

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

**Preceptor Reference  
 Form  
 for the  
 ASM, BSM, MSM, PHD**  
 (Revised 7/09)

**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 this 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: