

BSM Preceptor Application

National College of Midwifery

(Revised 5/09)

Application Date _____



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

Please Print Clearly

Preceptor's Name: _____

Address _____

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

Phone: _____ Fax: _____

Email: _____

Lic./Cert. Type: _____ Number: _____ Expiration Date _____

Date of first License /Certification _____ *BSM Preceptors must have held a midwifery / physician assistant / medical license or certification for at least 1 year.*

Highest Academic Degree (must be BS / BA or Higher): _____ *(Attach Copy)*

Student's Name: _____

Proposed Dates for Course of Study _____ to _____

Self-Assessment Tool:

Caseload per month per midwife in your practice (number of clients divided by number of midwives): _____

Do you have a partner or assistant? Yes No

How many hours do you spend relaxing with friends or family each week? (Hours spent asleep do not count.) _____

Do you have any off-call time? Yes No

How many hours per week will you expect your student to spend in clinic? _____

How many hours per week will you expect your student to have off? _____

How many hours per week can you guarantee your student for academic supervision and clinical debriefing? _____

Looking at the above information, please evaluate your ability to be a patient, attentive, and inspirational preceptor for your student _____

Attach the following documentation:

1. _____ Resume
2. _____ 3 Completed reference forms
3. _____ Copy of current certification/license
4. _____ Copy of highest academic degree (BS/BM or higher)
5. _____ Oversight Form (1 per student)