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

**BSM Contract Between
 Student, Preceptor, & the
 National College of Midwifery**
 (Revised 7/09)

BSM Student Enrollment:
Name of Student: _____
 Student Address: _____
 City: _____ State: _____ Country: _____ Zip Code: _____
 Phone _____ email _____
 Permanent Address of family or other stable address where we can reach you if you move):

BSM Preceptor Enrollment: **Clinical or Academic Preceptor** (circle one or both)
Name of Preceptor: _____
 Preceptor Address: _____
 City: _____ State: _____ Country: _____ Zip Code: _____
 Phone _____ email _____

Preceptor Fee Period _____ Amount Due _____
 Date on the front of the Learning Objectives being used: 5/09
 Date on the Student Handbook and Catalogue being used: 2007-2008
 Date Classes Begin: _____ Dates of study covered by this contract: _____ to _____
 (Dates of study should be from the time you begin with your Preceptor up to your expected date of graduation)

BSM Student Recitations:

I have read the description of the curriculum in the National College of Midwifery Student Handbook for the Bachelor of Science Degree in Midwifery and the BSM Application Packet.

I understand that the following prerequisites are required: (one of the following)

- College-recognized state or national midwifery license or certification:.....94.75credits
- PLUS:** Exploring Statistics.....3 credits
- Midwifery Literature and Art.....3 credits
- Analytical Writing.....4 credits
- Fundamentals of Elementary Math.....3 credits
- (or the equivalent, to be evaluated by the College)

OR

- Associate Degree from the National College of Midwifery awarded after the year 2000 (with accreditation General Education requirements met)..... 107.75 credits

I understand that the following are the Course Requirements:

- MW 480 1 additional clinical year past licensing or certification to include at least 10 births mentored
- via chart review.....24 credits
- Thesis based on an original clinical research project..... 15 credits

- Total Credit hours:..... 146.75

Important Note: The Thesis must be pre-approved by the College Faculty Board and carried out in a clinical setting under the supervision of an approved preceptor.

I understand that the Bachelor of Science Degree in Midwifery is awarded:

1. When prerequisites are met
2. When course requirements are completed
3. When Senior Thesis is accepted by the Faculty Board
4. When bound copy of Senior Thesis is placed in the College Library.

I understand that the five-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. **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.

Student Signature: _____ **Date:** _____

BSM Preceptor Recitations:

Preceptor Documents to be kept current annually with the College:

- Current certification/license
- Most advanced degree
- Student-preceptor contract
- Resume
- Last two years of Continuing Education
- Upon application: 3 references

1. I am able to provide the student with the required guidance, supervision and approval for the student's research proposal and implementation. _____(Initials)
2. I am able to grade the student's required graduate course work. _____(Initials)
3. I hold the academic degree or a higher degree than the one sought by the midwifery student(s). _____(Initials)
4. 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. _____(Initials)
5. I have had at least one year of on-the-job experience since becoming licensed or certified. _____(Initials)
6. If a physician, I have at least one year's experience on-the-job. _____(Initials)
7. I agree to meet with re student weekly to review progress on the research proposal and implementation to provide guidance and troubleshooting. _____(Initials)
8. I agree to participate in two-way evaluation sessions and to submit student and preceptor evaluations and plans for the upcoming trimester at the end of each trimester. _____(Initials)
9. I agree to insure that the College has all updated/renewed documents relevant to my status as a preceptor, such as renewed license, new degrees obtained, , changes in student-preceptor contract, change of address. _____(Initials)
10. I agree to report to the College any changes in a student's status, such as switching to another preceptor or inability for whatever reason to complete the research project. _____(Initials)

11. I agree to sit on the Faculty Advisory Board as an advisor to the College. _____(Initials)

12. I agree to review the College materials for the student and to send the College any recommendations for improvements. _____(Initials)

BSM Administrative and Preceptor Fees for 2008(please see website for current fees):

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

The College suggests the following minimums:

Suggested BSM

Preceptor Fee:

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

Required Administrative Fees:

Application fee to College: \$ 100
Enrollment Fee to College: \$4,900

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:

(Revised 7/04 to conform to NM Commission of Higher Education rule 20.4)

College Refunds Student Preceptor Refunds Student

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

BSM Preceptor/Student Tuition Agreement:

Student Name: _____

Agrees to pay Preceptor 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 another page if necessary):

I have read this enrollment contract in its entirety and agree to all its provisions. I have read the refund schedule and agree to abide by its terms.

Student's signature: _____ **Date:** _____

Preceptor's signature: _____ **Date:** _____

College Official's Signature: _____ **Date:** _____