



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

MSM Faculty Application to the National College of Midwifery

(Revised 5/09)

MSM Preceptor Enrollment:

Name of Preceptor: _____

Preceptor Address: _____

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

Phone _____ email _____

Lic./Cert. Type: _____ Number: _____

Expiration Date _____ Date of first Lic/Cert _____ *MSM Preceptors must have held a midwifery / physician assistant / medical license or certification for at least 1 year and hold a Master of Arts/Science or higher in any field.)*

Highest Academic Degree: _____ *Attach copy to application*

Student's Name: _____

Proposed Dates for Course of Study _____ to _____

Self-Assessment Tool:

Case load 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 midwifery certification/license
4. _____ Copy of highest academic degree