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

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

**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):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Preceptor Enrollment**  
**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: \_\_\_\_\_  
 Date on the Student Handbook and Catalogue being used: \_\_\_\_\_  
 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)

**Student Recitations:**

I have read the description of the curriculum in the National College of Midwifery Student Handbook for the Doctoral Degree in Midwifery. I understand I am responsible for completing 36 Semester Credits relevant to my research, including: Applied Statistics, Protocol Design, Scientific Method, and Current Issues in Midwifery Practice (of which choose 3: Barriers to Midwifery Practice; Midwifery Ethics, Accreditation in Developing Countries, Sociology of Midwifery;) Doctoral Dissertation based on a research project pre-approved by the College Faculty Board under the supervision of an approved preceptor (24 credits). 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. In case of any conflict with my preceptor, I agree to contact NCM administration for counseling and/or mediation services.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Stipulations for granting of Doctoral of Science in Midwifery Degree:**

Doctoral degree of Science in Midwifery Degree will be awarded when all of the following are completed and evidence of all are on file at the College administration headquarters:

- When prerequisites are met
- When course requirements are complete
- When Doctoral Dissertation is accepted by Faculty Board
- When Doctoral Dissertation is published in a professional journal or as a book
- When Doctoral Dissertation is presented at a major midwifery conference
- When bound copy of the Doctoral Dissertation is placed in the College Library
- When the College has documentation of all of the above

## **Preceptor Job Description**

### **Preceptor Rights**

- May provide the College at any time with verbal or written suggestions for improvements to any aspect of the College program or administration.
- May attend and will be informed of annual College Board meetings.
- May gain access to her/his personal preceptor file maintained by the College.
- Will be paid tuition by the student according to this mutually agreed upon Contract. A copy of this contract will be kept in the student's College files.
- Any preceptor not being paid by a student according to the Student-Preceptor Contract may terminate her/his preceptor relationship with that student, and will notify the College in writing of such occurrence.
- May terminate student-preceptor relationship with any student if a working relationship is not in place or fails to develop, and will notify the College in writing of such occurrence.
- May request mediation services with the student from the college administration at any point this is needed
- May participate in the College Grievance Procedure according to College policy at any time this is needed

### **Preceptor Responsibilities**

- Meet with the student on a regular, mutually agreeable basis to review student's academic progress, troubleshoot any problem areas, and build on areas of strength.
- Provide grades and two-way evaluations for the academic requirements unless student provides transcripts for courses taken elsewhere

### **Preceptor Requirements**

- Meets the College's criteria for preceptorship
- Keeps on file with the College all of the following most recently updated documents:
  - Copy of current certification/license
  - Copy of most advanced degree
  - 3 references (upon application)
  - Curriculum vitae/ Resume

### **Preceptor Recitations:**

1. I am either: (circle one) 1. A person holding a Ph.D. in **any** health-related field. 2. A Licensed Physician, with doctoral-level research experience.
2. I agree to provide grades for the academic requirements. \_\_\_\_\_(Initials)
3. I agree to meet with my student at a regularly scheduled time to review academic progress \_\_\_\_\_(Initials)
4. I am aware that the College provides free counseling and mediation services to students and preceptors. In the event of any conflict or dispute with my student, I agree to contact the College administration for mediation services, and I agree to encourage my student to contact the College administration for additional counseling by College staff. I understand that the College will fill out an internal incident report evaluating my handling of the disagreement, and that a copy of this report will be sent to me, while another copy will be placed in my College file. \_\_\_\_\_(Initials)
5. I agree to sit on the Faculty Advisory Board as an advisor to the College, and to sit on review committees for research projects by Bachelor and Master degree candidates of the College. \_\_\_\_\_(Initials)

6. I am aware that I am required to file with the IRS and my State taxation department on all income earned from students in NCM programs. \_\_\_\_\_(Initials)

**Fees for 2008(subject to change, must use most current fees):**

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

**Suggested Payment to Preceptor**

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

**Required Payment to College**

Application fee to College:	\$100
Administrative fee to College:	\$4,900

- Accreditation Fee and Application fees are subject to change.
- If the student has separate academic and clinical preceptors, the preceptor fees can be pro-rated in a ratio of 60% for academic and 40% clinical preceptorship.

**Administrative and Preceptor Fee Refunds:**

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)

	<b>College Refunds Student</b>	<b>Preceptor Refunds Student</b>
Withdrawal prior to commencing instruction with the preceptor: All fees paid to the College except \$200 registration charges will be refunded.		
Withdrawal within the first 15 days:	90% of administrative fee paid	90% of preceptor fee paid
Withdrawal after 16 and before 38 days:	50% of administrative fee paid	50% of preceptor fee paid
Withdrawal after 39 and before 75 days:	25% of administrative fee paid	25% of preceptor fee paid
Withdrawal after 75 days:	0% of administrative fee paid	0% of preceptor fee paid

**Preceptor Fee 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:

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_