



Administrative Office, 320 Evergreen Drive, Summertown, TN 38483
931-964-4892, Fax-931-903-1314

EXAMPLE OF A STUDENT/PRECEPTOR AGREEMENT

Student Information:

Name

Address

City _____ State _____ Zip _____

Phone _____ Email _____

Preceptor information:

Name

Address

City _____ State _____ Zip _____

Phone _____ Email _____

Credentials (Circle all that apply) CPM CNM CM MD DO State Licensed Midwife

Practice or Birth Center Information:

Name of Practice or Birth Center

Type of Practice (Circle all that apply) Homebirth Birth Center Hospital Clinic

Facility Address

City _____ State _____ Zip _____

Phone _____ Email _____



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Do you work with midwifery partners who will also be preceptors for this student? YES _____ NO _____
If YES, they will need to fill out an additional Student Preceptor Agreement Form and Preceptor Application.

_____ Student Name

Preceptor, please initial below on each clinical experience that you will offer for the student.

Preceptor, please initial your acceptance of each item below.

___ I am a North American Registry of Midwives (NARM) Registered Preceptor.

___ I have included proof of my NARM Preceptor Registration.

___ I agree to take the online Preceptor Training provided by MEAC.

___ I agree to take the Webinar on Using Rubrics as a Consistent Measure for Competency given by CTM

___ I have received and read the College of Traditional Midwifery (CTM) Preceptor Handbook, which outlines my rights and responsibilities as a preceptor

___ I am committing to give the student named above the clinical experience numbers I initialed, to the best of my ability, within the next _____ months

___ I have reviewed the student's Clinical Requirement Forms included with the Student Log book for each Term

___ I agree to provide the student with adequate opportunities to observe and participate in clinical skills.

___ I agree to verify competency for the skills, knowledge and abilities listed in the Student Log book using the designated rubric.

___ I agree to be physically present in the room when the student performs skills, as required CTM and North American Registry of Midwives (NARM).

___ I agree to assume all responsibility for care provided by a student under my supervision.

___ I agree to maintain open and honest communications with the student. This includes but is not limited to After Action Review (AAR), peer review, and other feedback on her performance.

___ I agree to participate in at least 2 phone calls per Term (midterm and at the end of the Term) to openly and honestly discuss student progress with the student and the Student Liaison.

___ I agree to seek to resolve conflicts through relationship and honest communication with the student, and make every effort to address conflicts quickly and with kindness and grace; if necessary, I



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know I can utilize the Grievance Procedure found in the Preceptor Handbook for differences with the student that are unresolvable on our own.

I agree to complete the Student Preceptor Term Evaluation Form provided by CTM.

I have discussed what I need for compensation for my services as a Preceptor. We have agreed upon _____

_____ Student Name

Student, please initial your acceptance of each item.

I have received and read the College of Traditional Midwifery (CT) Catalogue, which outlines my rights and responsibilities as a student.

I agree to be reliable for all clinical appointments and to be available when on-call as agreed upon.

I agree to bring my Student Log book which contains the Forms each time I attend client interactions and to acquire appropriate preceptor signatures.

I agree to respect confidentiality within the preceptor's practice. This includes not sharing information about clients or their care, other than as appropriate within confidential case presentations, and not sharing photographs of clients without the client's written permission.

I agree to maintain appropriate dress and behavior in each clinical setting.

I agree to maintain open and honest communications with my preceptor.

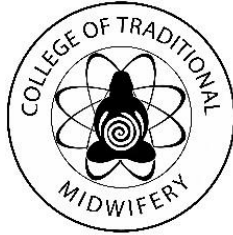
I agree to discuss my preceptor/student relationship with my Student Liaison.

I agree to take part in 2 phone call per Term (midterm and at the end of each Term) with my preceptor and my Student Liaison to discuss my progress in skills, knowledge, abilities and attitudes necessary to be an entry level midwife

I agree to seek to resolve conflicts through relationship and honest communications with the preceptor, and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the Catalogue for differences with the preceptor that are unresolvable on our own

I agree to discuss with my Student Liaison of any conflict I might be having with my preceptor in a timely manner

I agree to compensate my preceptor with _____



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We agree to respect the terms as outlined in this Preceptor and Student Agreement.

Preceptor signature: _____

Preceptor initials: _____ Date _____

Student signature: _____

Student initials: _____ Date _____