Midwifery Program – Clinical Training Credit Registration Form – Spring 2016 Term

All Midwifery Program Students working with a preceptor must complete this form each term

To indicate that you are working with a preceptor but will not be taking credits this term, please select the option of 0 credits. These forms help to document the Preceptor-Student relationship and outline expectations for work, learning, and appropriate tasks and duties.

- To register for Clinical Training Credit (CTC), you must complete registration for this term and turn in this completed form with full payment (unless you are receiving a financial aid disbursement this term). If you fax this form, please call to confirm that we have received it.
- Any work you complete prior to submitting this form and payment will not count toward your total hours.
- Students can only count work towards CTC from the time a complete registration form is received until 11:59 pm on Saturday, July 2, 2016 (the last day of the term). After that date and time, any work you do cannot count towards CTC. Additional experiences and births may still count toward your requirements for licensure/certification, but may not be used for college credit.
- Your preceptor(s) must be approved by Birthingway prior to registering for Clinical Training Credit.
- If you want this CTC to be counted toward your enrollment status for financial aid purposes, you must turn in this form by the Enrollment Confirmation Deadline – Monday, April 18, 2016 at 5:30 pm. After that date and time, it will not be counted and could affect your financial aid. Please ask the Financial Aid Officer if you have questions about this.
- You may register for CTC until Friday, June 17, 2016 at 3:00 pm (two weeks before the end of the term). If you wish to register for clinical training credits after that point, it must be approved by your Program Coordinator, who will issue you a Clinical Training Credit Registration Deadline Waiver which must be attached to your registration form.
- Your Clinical Training documentation, specifically: Time Sheet, Evaluation of Preceptor by Student, Evaluation of Student by Preceptor, and Skills Assessment Checklist must be completed and submitted to Birthingway by Tuesday, July 5, 2016 at 5:30 pm. After that date and time, you will receive an Incomplete. Please see the Catalog and Student Handbook for more information.
- If you've already registered for Clinical Training Credit for this term and wish to add more credits, please fill out an additional Clinical Training Credit Registration form and only write in the number of credits you wish to add (not your total number of credits).

What qualifies as appropriate clinical training tasks or duties:

- **Direct client care***
  - prenatal visits, labor support, birth, newborn care, postpartum visits, phone conversations with clients, providing client education
  - Processing lab work
  - Filing client information
  - Charting
  - Typing birth certificates
  - Cleaning and maintaining clinic/office space
  - Ordering/purchasing supplies
  - Attending Peer Review
- **Writing client information forms**
- **Maintaining a client library**
- **Replenishing supplies for prenatal and birth bags**
- **Sterilizing instruments**
- **Maintaining equipment**
- **Attending staff meetings**
- **Maintaining medication logs**
- **Refilling oxygen tanks**
- **Completing statistical forms**
- **Transporting to and from one home visit per client**

*Direct client care must constitute at least 75% of the work performed

You can use this table to calculate the number of credits you will be taking and the total cost.

One credit is equal to 30 hours of Clinical Training and costs $218.

Please use the option of 0 credits if you will be working with a preceptor but will not be taking credits.

<table>
<thead>
<tr>
<th>Credits</th>
<th>Hours</th>
<th>@ $218 per credit:</th>
<th>Credits</th>
<th>Hours</th>
<th>@ $218 per credit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>&lt; 30</td>
<td>$0.00</td>
<td>7</td>
<td>210</td>
<td>$1526.00</td>
</tr>
<tr>
<td>1</td>
<td>30</td>
<td>$218.00</td>
<td>8</td>
<td>240</td>
<td>$1744.00</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
<td>$436.00</td>
<td>9</td>
<td>270</td>
<td>$1962.00</td>
</tr>
<tr>
<td>3</td>
<td>90</td>
<td>$654.00</td>
<td>10</td>
<td>300</td>
<td>$2180.00</td>
</tr>
<tr>
<td>4</td>
<td>120</td>
<td>$872.00</td>
<td>11</td>
<td>330</td>
<td>$2398.00</td>
</tr>
<tr>
<td>5</td>
<td>150</td>
<td>$1090.00</td>
<td>12</td>
<td>360</td>
<td>$2616.00</td>
</tr>
<tr>
<td>6</td>
<td>180</td>
<td>$1308.00</td>
<td>x</td>
<td>(30)(x)</td>
<td>($218)(x)</td>
</tr>
</tbody>
</table>

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STUDENT
Legal First Name: ___________________________ Legal Middle Initial: ___________________________ Legal Last Name: ___________________________

SUPERVISING PRECEPTOR
Legal First Name: ___________________________ Legal Middle Initial: ___________________________ Legal Last Name: ___________________________

Primary Business Address/Clinical Training Site: ____________________________________________________________

 Secondary Business Address/Clinical Training Site __________________________________________________________

To add more clinical training sites, please fill out and attach an Additional Preceptors and Clinical Training Sites form.

I would like to register for the following number of Clinical Training Credits:

<table>
<thead>
<tr>
<th>Number of Hours (credits x 30):</th>
<th>Total Cost (credits x $218):</th>
</tr>
</thead>
</table>

PLEASE NOTE: If you've already registered for Clinical Training Credit for this term and wish to add more credits, please fill out a new Clinical Training Credit Registration form and write in the number of credits you wish to add (not your total number of credits).

STUDENT
• I agree to complete the number of hours indicated (see above) of appropriate clinical training duties and tasks as determined by my preceptor (and defined on Page 1).
• I agree to complete and turn in the clinical training paperwork as defined on Page 1.
• I understand that I may work more than the required minimum hours but that credit awarded will not be adjusted.

Student (printed name) *Required* ___________________________ Student (signature) *Required* ___________________________ Date ____________

PRECEPTOR(S)
When estimating how many hours of work to agree to, consider the approximate number of clients the student will be attending during the term (or other methods you feel are appropriate).

As Supervising Preceptor, I guarantee to provide at least the number of hours indicated (see above) of clinical training duties and tasks (as defined on Page 1) during the contracted term. I agree to supervise the Student appropriately and meet all of the responsibilities of a clinical preceptor, including completing required paperwork.

Supervising Preceptor (printed name) *Required* ___________________________ Supervising Preceptor (signature) *Required* ___________________________ Date ____________

Co-Preceptor (printed name) ___________________________ Co-Preceptor (signature) ___________________________ Date ____________

Co-Preceptor (printed name) ___________________________ Co-Preceptor (signature) ___________________________ Date ____________

Co-Preceptor (printed name) ___________________________ Co-Preceptor (signature) ___________________________ Date ____________

Co-Preceptor: another Birthingway-approved preceptor in the same practice as the Supervising Preceptor with whom the Student may sometimes attend births or be supervised in clinical training. To list additional Co-preceptors, please fill out an Additional Preceptors and Clinical Sites form, available on our website at http://www.birthingway.edu/for-students/registration.

Office Use Only
Date/time/payment/initial ___________________________ Please route in this order: ___________________________.

_________FAC _________FIN _________REG _________FIN _________FAC _________MPC _________File

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