Birthingway College of Midwifery
12113 SE Foster Road
Portland, Oregon 97266
503-760-3131

Intent to Begin Clinical Training

Please complete and submit this form to Front Office Staff. If you have questions about this form or the clinical training process, contact the Lactation Programs Coordinator or the Faculty Coordinator. All students must attend the clinical training workshop, which will be offered once a year in fall term, before starting clinical training.

I, _____, intend on starting clinical training with
student name: Legal First Name M.I. Legal Last Name

_____ on _____.
(preceptor name) (date)

The clinic Name and Address is:

_____

_____.

Additional preceptors at above clinic might be/are:

_____ _____

_____ _____

Please initial and sign below:

_____I understand that the preceptor approval process may one month or more from the submission of this form. I cannot begin clinical training until the preceptor has been approved. I understand that I will be notified by the Faculty Coordinator once the preceptor has been approved, and will then be informed of the next steps I should take to begin my clinical training.

_____ I understand that I might work in a particular location that has their own policies/procedures (particularly in a hospital setting) that I will need to adhere to.

_____ _____
Student Signature Date

OFFICE USE ONLY:
Date/time/initial_____

Please route in this order: ____FAC ____LPC ____FAC ____file (faculty)

Preceptor approved on _____by _____.

Student notified of Preceptor approval or denial on _____.