



Birthingway College of Midwifery

12113 SE Foster Road
Portland, Oregon 97266
503-760-3131

Intent to Begin Clinical Training

Midwifery Program

Please complete and submit this form to the front office. If you have questions about this form or the clinical training process, contact the Midwifery Program Coordinator or the Faculty Coordinator. All students must attend the clinical training workshop, which will be offered once a year in winter 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)

Please initial and sign below:

_____ I understand that the preceptor approval process may take a 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. Filling out this form does not register me for clinical training credit.

_____ I understand that if my preceptor is an unlicensed midwife in the state of Oregon, it is illegal for her to carry or use legend drugs and devices (LD&D) unless she is under a physicians supervision. To do so is considered practicing medicine without a license, which is a felony in the state of Oregon, I understand that I must report her use of unauthorized drugs and devices to Birthingway College of Midwifery.

_____ If I plan on working with an Oregon unlicensed midwife, I am aware that MEAC requires students to have access to appropriate equipment and supplies while working with preceptors. Students may not receive experience observing and participating in the usage of legend drugs and devices when working with an unlicensed preceptor, unless the preceptor is under the supervision of a licensed physician.

Student Signature

Date

OFFICE USE ONLY:

Date/time/initial _____

Please route in this order: ___ FAC ___ MPC ___ FAC ___ file (faculty)

____ Student completion of First year core + Fetal Assessment verified: _____ (initial)

Preceptor approved on _____ by _____.

Preceptor approval pending: _____.

Student notified of Preceptor approval or denial on _____.