



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

## Out-of-State Clinical Training Request form

The purpose of this form is for you to notify Birthingway of your interest in pursuing a clinical training placement outside of Oregon state.

Each state has different legal requirements for higher education clinical training; due to individual state rules, **Birthingway may not be able to accommodate your request to complete clinical training in all states.** Birthingway will approve or deny your request to complete clinical training out-of-state as soon as possible after receipt of this form; however, actual time may vary based upon the timeliness of individual state educational agencies. You will be notified in writing.

**This form must be submitted to Birthingway by the first day of the term at least two terms prior to the term in which you intend to do clinical training out-of-state.** This includes summer term. For example, if you wish to begin working in California in winter term, you must submit this form no later than the first day of summer term.

Legal First Name	Legal Middle Initial	Legal Last Name
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I am in the (circle one) midwifery / lactation program.

I am pursuing the (circle one) certificate / degree track.

I would like to pursue clinical training in: (state name) \_\_\_\_\_.

I would like to begin (term/year) \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only:
Date/time/initial _____
Please route to Administrative Programs Coordinator