Summer 2016 Term
Lactation Consultation Program - Clinical Training Credit Registration Form

Lactation Consultation Program students working with a preceptor must complete this form each term

How to Register for Clinical Training Credit (CTC):
 • Your preceptor(s) must be approved by Birthingway before you register for Clinical Training Credit.
 • To register for Clinical Training Credit, 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.
   ➢ New for Summer Term Only: If you are registering for zero Clinical Training Credits you do not have to complete the Summer Term Registration or pay registration fees. However, you must complete this form.
 • To indicate that you are working with a preceptor but will not be taking credits this term, please write zero credits.
 • 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).

Dates and Deadlines:
 • Deadline to add CTC: Friday, August 26, 2016 at 3:00 pm
   ◦ If you wish to register for clinical training credits after that point, your Program Coordinator must give you a Clinical Training Credit Registration Deadline Waiver, which must be attached to your registration form.
 • You can count hours toward CTC until Saturday, September 10, 2016 at 11:59 pm
   ◦ After that date and time, any work you do cannot count towards CTC in Summer Term. Additional experiences and births may still count toward your requirements for licensure or certification, but may not be used for college credit.
 • Clinical Training documentation is due: Monday, September 12, 2016 at 5:30pm
   ◦ Your completed clinical training documentation must be turned in to your Program Coordinator by this deadline in order to receive a grade of Complete. This includes your: Time Sheet, Evaluation of Preceptor by Student, Evaluation of Student by Preceptor, and Clinical Competencies Checklist.

Clinical Training Credit Registration FAQ:
 • When can I start counting hours toward credit?
   ➢ You can only count hours towards this CTC registration from the time your completed Summer Term Registration and CTC Registration form are received, until 11:59 pm on Saturday, September 10, 2016. Any work you complete before submitting this form and payment will not count toward your total hours.
 • What happens if I don’t complete enough hours?
   ➢ If you are not able to complete the hours required to receive credit, credit will not be awarded. Refunds for incomplete credits will not be considered.
 • I am working with a preceptor but I don’t need/want credit, or I won’t get enough hours to get credit. Do I still need to register for CTC?
   ➢ Yes, you need to register for zero credits. Registering for zero credits will allow you to count hours and experience toward your IBLCE requirements, but not toward any Birthingway Clinical Training Credits.
   ➢ These forms help to document the Preceptor-Student relationship and outline expectations for work, learning, and appropriate tasks and duties.

Appropriate Duties for Clinical Training:
 • Direct client care*
   ◦ in-person consultation, phone conversations with clients, providing client education
 • Filing client information
 • Charting
 • Cleaning and maintaining clinic/office space
 • Writing client information forms
 • Maintaining a client library
 • Maintaining equipment
 • Attending staff meetings
 • Completing statistical forms
 • Attending peer review
 • Ordering/purchasing supplies

*Direct Client Care must constitute at least 60% of the work performed.
**Lactation Consultation Program - Clinical Training Credit Registration Form**

### STUDENT

<table>
<thead>
<tr>
<th>Legal First Name:</th>
<th>Legal Middle Initial:</th>
<th>Legal Last Name:</th>
</tr>
</thead>
</table>

### SUPERVISING PRECEPTOR

<table>
<thead>
<tr>
<th>Legal First Name:</th>
<th>Legal Middle Initial:</th>
<th>Legal Last Name:</th>
</tr>
</thead>
</table>

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.

**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).

**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>
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### 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.
- I understand that I cannot retroactively apply hours toward credit - that I can only count hours towards this CTC registration after this completed form has been received by the Birthingway Front Office.

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)  
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 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  ______LPC  _____REG