

Registration Information, Dates, and Deadlines – MIDWIFERY STUDENTS

Summer Term 2020: July 6, 2020 – September 13, 2020

Registration Begins:	Monday, June 22, 2020
Registration Deadline:	Monday, June 22, 2020 at 5:30 PM
Enrollment Confirmation Deadline:	Monday, July 13, 2020 at 4:30 PM

IMPORTANT: Because we are no longer offering regularly scheduled courses, we have shortened the timeline for term registration. Registration will begin three weeks before the first day of the term and run for **ONE WEEK**. PLEASE DON'T DELAY IN SUBMITTING YOUR MATERIALS.

Do you need to register for Summer Term?

- If you are planning to **graduate** or **certify** in Summer Term, then **YES**
- If you will be **registering for any credit courses**, including **Research Project** or **Independent Study**, then **YES**
- If you will be working with a preceptor:
 - If you are registering for **one or more Clinical Training Credits**, you must register for this term **and** complete and turn in a Clinical Training Credit registration form with payment.
 - **Summer Term only:** If you are working with a preceptor but do not want/need credit, you only have to complete and turn in a Clinical Training Credit registration form for zero credits. You do not need to register for the term.

General Registration Policies:

- Your registration for the term is considered complete once you have submitted a completed Registration Form and full payment. See below for more information.
- **Registrations received after 5:30 PM on Monday, June 22, 2020 will be subject to a \$75.00 late fee.**

How to submit your registration:

- **In-Person (available by appointment only):** If you would like to walk in your registration and payment for the term, please call us at 503-760-3131 to make an appointment beforehand.
- **Mail:** 4997 SW Normandy Place, Beaverton, OR, 97005. **Mailed registrations received after the registration deadline will be subject to the Late Registration Fee.** Please plan accordingly.
- **E-mail:** registration forms can be emailed as PDF attachments to info@birthingway.edu. For security reasons, you must send registration forms from your Birthingway email address.
- **You must include payment for your registration.** We accept payment via check, cash, or Paypal.
 - Instructions for how to submit a payment via Paypal can be found on our website: <https://birthingway.edu/for-students/make-a-payment/>

Registration Information for Enrolled Students:

- **Enrollment Confirmation Deadline:** Eligibility for **financial aid** is based on your enrollment status as of the Enrollment Confirmation Deadline. We use this date to determine whether you are attending full, 3/4, half, or part time, and your corresponding financial aid award. No changes are made to your financial aid award after this date except in limited circumstances. For more information, see the current *Student Handbook and Catalog*.

Payment, Good Financial Standing, and Financial Aid:

- Good financial standing means that all charges are paid when due. If you are not in good financial standing, you will not be allowed to register for courses or workshops in a new term, have a transcript released, or graduate.
 - **If you are not in good financial standing**, you may still register for the term to remain in your program (paying only your registration and technology fee, and late fee, if applicable).
- Payment of tuition and fees is due at the time of registration for each term unless the following applies:
 - You are eligible for Federal financial aid and will be receiving a disbursement in that term. You must have a completed Free Application for Federal Student Aid (FAFSA) and a signed award letter on file at Birthingway showing a disbursement in that term.
 - You have a private student loan through a private lender and will be receiving a disbursement in that term.
- Textbook and equipment kit charges are due when ordered, unless you are receiving a Federal financial aid disbursement or private loan disbursement in the term and have authorized payment from your financial aid disbursement. All overdue amounts are subject to a finance charge of 15% APR with a \$5 minimum per month. Any costs incurred to collect these amounts are the responsibility of the student.

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Birthingway College of Midwifery – Summer 2020 Registration Form – MIDWIFERY STUDENTS**Registration Begins: Monday, June 15, 2020****Registration Deadline: Monday, June 22, 2020 at 5:30 PM***

*After the Registration Deadline, an additional \$75 Late Registration Fee is required.

Student Information (all fields are required unless noted)

Legal First Name		Legal Middle Initial	Legal Last Name
Preferred Name (if different from legal)		Pronouns (optional)	
Address	City	State	Zip Code
Phone	Email	>> Optional: Emergency Contact Name and Number	

Courses Offered in the Summer 2020 Term**Clinical Training (MW311q):** Please use the *Summer 2020 Clinical Training Credit Registration Form* to register for credits**Research Project (RSP411q) 1 Credit:** To register, you must turn in a *Research Project Registration Form*: <http://birthingway.edu/for-students/registration/>**For all other courses, please submit a *Course Add Form*:** <http://birthingway.edu/for-students/registration/>. Please reach out to your Program Coordinator for information about the tuition, coursepack fees, and textbook costs for specific courses.**CLINICAL TRAINING:**Will you be working with a preceptor this term? Yes No>>If you marked "Yes" you must fill out a **Clinical Training Credit Registration form**. To indicate that you are working with a preceptor but will not be taking credits this term, please register for zero credits. These forms help establish (on paper) the Preceptor-Student relationship and help outline expectations for work, learning, and appropriate tasks and duties.**Is this your first time registering for Clinical Training Credit? If so, please contact your Program Coordinator. I plan to work with these preceptors:****GRADUATION:**Do you intend to graduate in this term or the next? Yes No

>>If you marked "Yes" please write in the term and year you intend to graduate: _____

>>If you marked "Yes" please schedule a meeting with your Program Coordinator to discuss the graduation process.

PRIVACY PREFERENCE: **Privacy Protected – Do not share my information with anyone.** (This term only.)Birthingway will only release your name, program of study, matriculation year, and certificates/degrees received to the public upon request. **Students who choose to be privacy protected will not be acknowledged as a student of Birthingway to ANY outside inquiry, except as required under federal law.****PAYMENT METHOD (check one):** _____ Check _____ Cash _____ Paypal _____ Financial AidRegistration Fee **\$75.00****Late Registration Fee of \$75.00 (required if registration is received after 5:30 PM on 6/22/2020)** \$**Total:****PLEASE REVIEW THE POLICIES ON THE REVERSE OF THIS FORM PRIOR TO SIGNING****BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL POLICIES STATED ON THIS FORM.**

STUDENT SIGNATURE (Required to process your registration)	DATE
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OFFICE USE ONLY Date/Time/Payment/Initial:

Please route: _____ FIN _____ REG

PAYMENT: Payment of tuition and fees is due at the time of registration for each term unless the following applies:

- You are eligible for Federal financial aid and will be receiving a disbursement in that term. You must have a completed Free Application for Federal Student Aid (FAFSA) and a signed award letter on file at Birthingway showing a disbursement in that term.
- You have a private student loan through a private lender and will be receiving a disbursement in that term.

Textbook and equipment kit charges are due when ordered, unless you are receiving a Federal financial aid disbursement or private loan disbursement in the term and have authorized payment from your financial aid disbursement. All overdue amounts are subject to a finance charge of 15% APR with a \$5 minimum per month. Any costs incurred to collect these amounts are the responsibility of the student.

A student must be in good financial standing to register for courses. Any costs incurred to collect these amounts are the responsibility of the student. Credit card payments are accepted through PayPal – for instructions, visit <http://birthingway.edu/for-students/make-a-payment/>. By paying through PayPal, you agree to PayPal and Birthingway's terms and conditions. You *must* include a copy of your PayPal payment confirmation if paying by PayPal, or your registration will be incomplete and delayed until confirmation is received.

CANCELLATION CLAUSE: Should you decide to cancel this agreement, you must do so in writing within three business days to receive a full refund of all fees and tuition. After the three-day cancellation period, should you decide to cancel your registration and not attend, refunds will be made per our refund policy below.

REFUND POLICY TABLE FOR SUMMER TERM

Withdrawal Date (day of term)	Tuition Refund
On or before 1st day of term	100%
(Day) 2 through 7	86%
8 through 14	72%
15 through 21	58%
22 through 28	44%
29 through 35	30%
36 through 40	16%
Day 41 through end of term	No Refund

REFUND POLICY: You are expected to attend all classes for which you register. **If you do not attend or stop attending and fail to drop within the refund period, you remain responsible for all tuition and fees.** If you wish to drop a course, please fill out a Withdrawal/Drop Form (available on our website) and either mail, email, or walk it in (by appointment). You will receive a refund of tuition per the refund schedule (see table). **Registration Fee and Late Registration Fee are non-refundable. Equipment Kit Fees, Course-pack Fees, and Lab Fees are non-refundable after the Registration Deadline.** Please allow four to six weeks for receipt of refund. **The dates in this table are based on calendar days in the term.**

SUBMITTING REGISTRATION MATERIALS: Registrations are accepted by mail or as a PDF attachment from your Birthingway email address; walk-ins are accepted by appointment only. Registrations will be date/time stamped in order of receipt. **Registrations received AFTER the registration deadline will incur a \$75 late registration fee.**

PLEASE ADD YOUR SIGNATURE TO THE FRONT OF THIS FORM BEFORE SUBMITTING

Summer Term 2020

Midwifery Program Clinical Training Credit Registration Form

Midwifery Program students working with a preceptor must complete this form each term.

How to Register for Clinical Training Credit (CTC):

- Your supervising preceptor and all co-preceptors must be approved by Birthingway before you register for Clinical Training Credit.
- To register for 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 and it is before the Enrollment Confirmation Deadline).
- To indicate that you are working with a preceptor but will not be taking credits this term, register for zero credits.
- **If you've already registered for Clinical Training Credit for this term and wish to add more credits, please fill out a 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 count CTC toward enrollment status: Monday, July 13, 2020**
 - Credits added after this date and time will not be counted toward enrollment status. This means you will not be able to use financial aid to pay for credits added after this date.
- **Deadline to add CTC: Monday, August 31, 2020**
 - 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 Sunday, September 13, 2020 at 11:59 PM**
 - After that date and time, any work you do cannot count toward CTC in this 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 14, 2020 by 5:30 PM**
 - Your completed clinical training documentation must be turned in to the Midwifery Program Coordinator by this deadline in order to receive a grade of Complete. This includes your: Time Sheet, an Evaluation of Preceptor by Student for EACH preceptor you work with, Evaluation of Student by the Supervising Preceptor, Skills Assessment Checklist, and your up-to-date Client Care Documentation Manual.
 - After this deadline, you will receive an Incomplete. See the Student Handbook and Catalog for more information.

Clinical Training Credit Registration FAQ:

- **When can I start counting hours toward credit?**
 - You can only count hours toward this CTC registration from the time your completed Summer Term Registration and CTC Registration form are received **AND** after term begins (July 6, 2020) until 11:59 pm on Sunday, September 13, 2020. **Any work you complete before submitting this form and payment will not count toward this credit.**
- **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. Refunds for dropped credits follow the term refund schedule.
- **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 NARM requirements, but not toward **any** Birthingway Clinical Training Credits.
 - This form helps 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***: 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.**

Midwifery Program Clinical Training Credit Registration Form – Summer Term 2020

STUDENT			
Legal First Name:	Legal Middle Initial:	Legal Last Name:	Pronouns Used:

SUPERVISING PRECEPTOR			
Legal First Name:	Legal Middle Initial:	Legal Last Name:	Pronouns Used:
Primary Business Address/Clinical Training Site:			
Secondary Business Address/Clinical Training Site:			
To add more clinical training sites, please fill out and attach an <i>Additional Preceptors and Clinical Training Sites</i> form.			

I would like to register for the following number of Clinical Training Credits:		
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).	Number of Hours (credits x 30):	
	Total Cost (credits x \$316): \$	
PAYMENT METHOD (check one): <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Paypal <input type="checkbox"/> Financial Aid		

STUDENT		
<ul style="list-style-type: none"> 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 processed.. 		
_____ Student Printed Name	_____ 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 legal name)*Required*	_____ Supervising Preceptor (signature) *Required*	_____ Date
_____ Co-Preceptor (printed legal name)	_____ Co-Preceptor (signature) *Required*	_____ Date
_____ Co-Preceptor (printed legal name)	_____ Co-Preceptor (signature) *Required*	_____ Date
_____ Co-Preceptor (printed legal name)	_____ Co-Preceptor (signature) *Required*	_____ Date

Co-Preceptor: any other 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>. All co-preceptors must be Birthingway approved preceptors.

Office Use Only		
Date/time/payment/initial _____		
<input type="checkbox"/> MPC	<input type="checkbox"/> FIN	<input type="checkbox"/> REG

Research Project Registration Form (RSP411q)
1 credit hour. Prerequisite: Research Methods (RSM411q)

Please Note:

- It is recommended that you start the Research Project approval process no later than seven weeks prior to the first day of the term in which you intend to register for this course.
- In order to register, all steps of this agreement must be completed and **this form must be turned in no later than 4:30 PM on the first day of the term.** Completed forms can be emailed to info@birthingway.edu, mailed, or walked in to our office (by appointment).
- **The tuition for this course is based upon one credit at the current tuition rate.**
- Full payment is required at the time of registration unless you are eligible for Federal Financial Aid and will be receiving a disbursement in the term.
- If you drop/withdraw, please refer to the current *Student Handbook and Catalog* for our Refund Policy.

Term and Year _____

Student Name

Legal First Name	Legal Middle Initial	Legal Last Name
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Step 1: Find a Research Project Advisor

- Your Research Project Advisor must be a Birthingway faculty member who has a Master's degree or higher educational credential.

Research Project Advisor's Name

Legal First Name	Legal Middle Initial	Legal Last Name
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As the Research Project Advisor, I agree to guide the student on the production of a research paper utilizing the *Research Project Guidelines*.

Research Project Advisor Signature

Date

Step 2: Research Project Advisor Approval

I have verified that the Research Project Advisor meets the required qualifications.

President's Signature

Date

Please proceed to Step 3 on the next page.

Step 3: Research Project Approval Checklist

Submit each item on this list to your Research Project Advisor, who will review and approve them before you can proceed with your registration.

If the approval process is not completed after two attempts, you must wait until the next term to try again.

Item	Approval Check List	
	First Attempt	Second Attempt
Problem/Topic defined		
Thesis statement included		
<i>Introduction</i> paragraph(s) included		
Initiated <i>Literature Review</i> included		
Proposed <i>Research Design</i> and tool included		
Sources listed on <i>Reference</i> page (minimum three relevant citations in AMA format)		

I have reviewed and approved all items on the above Research Project Checklist:

 Research Project Approval (Please print name first, then sign and date here) Date

I have reviewed but cannot accept the checklist for the following reason(s):

Step 4: Research Project Advisor Agreement and Registration Form

_____ agrees to be the Research Project Advisor for
 Research Project Advisor Name (please print)

_____ for the project proposed and approved above.
 Student Name (please print)

The Research Project Advisor agrees to guide the student on the production of a research paper utilizing the *Research Project Guidelines*.

 Student Signature Date

 Research Project Advisor Signature Date

Summer Term Only - Please read and initial below.

Student initials:
 _____ I am aware that Summer term only has 10 weeks and I will be able to complete this credit in that time frame.

Research Project Advisor initials:
 _____ I understand that Summer term consists of only 10 weeks and I agree to support the student to complete the Research Project within this time frame.

Office Use Only	Date/time/payment/initial: _____ FIN _____ REG _____ FAC (payroll agreement) _____ REG (file)
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