

# Winter 2021 Term 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 register 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: January 11, 2021 at 4:30 PM**
  - 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: Friday, March 12, 2021**
  - 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, March 28, 2021 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, March 29, 2021 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 Winter Term Registration and CTC Registration form are received **AND** after term begins (January 4, 2021) until 11:59 pm on March 28, 2021. **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:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>● <b>Direct client care*</b>: prenatal visits, labor support, birth, newborn care, postpartum visits, phone conversations with clients, providing client education</li><li>● Processing lab work</li><li>● Filing client information</li><li>● Charting</li><li>● Typing birth certificates</li><li>● Cleaning and maintaining clinic/office space</li><li>● Ordering/purchasing supplies</li><li>● Attending Peer Review</li></ul> | <ul style="list-style-type: none"><li>● Writing client information forms</li><li>● Maintaining a client library</li><li>● Replenishing supplies for prenatal and birth bags</li><li>● Sterilizing instruments</li><li>● Maintaining equipment</li><li>● Attending staff meetings</li><li>● Maintaining medication logs</li><li>● Refilling oxygen tanks</li><li>● Completing statistical forms</li><li>● Transporting to and from one home visit per client</li></ul> |
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**\*Direct Client Care must constitute at least 75% of the work performed.**

## Midwifery Program Clinical Training Credit Registration Form – Winter 2021 Term

<b>STUDENT</b>			
Legal First Name:	Legal Middle Initial:	Legal Last Name:	Pronouns Used:
<b>SUPERVISING PRECEPTOR</b>			
Legal First Name:	Legal Middle Initial:	Legal Last Name:	Pronouns Used:
Primary Business Address/Clinical Training Site:			
Secondary Business Address/Clinical Training Site:			
<b>To add more clinical training sites, please fill out and attach an <i>Additional Preceptors and Clinical Training Sites</i> form.</b>			
<b>I would like to register for the following number of Clinical Training Credits:</b>			
<b>PLEASE NOTE:</b> 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).		<b>Number of Hours (credits x 30):</b>	
		<b>Total Cost (# credits x \$316):</b>	<b>\$</b>
<b>PAYMENT METHOD (check one):</b> <input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Paypal</b> <input type="checkbox"/> <b>Financial Aid</b>			
<b>STUDENT</b>			
<ul style="list-style-type: none"> <li>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).</li> <li>I agree to complete and turn in the clinical training paperwork as defined on Page 1.</li> <li>I understand that I may work more than the required minimum hours but that credit awarded will not be adjusted.</li> <li>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.</li> <li><b>I understand and agree to the terms described in the <i>Winter 2021 Clinical Training Informed Choice Letter</i> dated December 2, 2020</b></li> </ul>			
_____	_____	_____	_____
Student Printed Name	Student Signature (required)	Date	
<b>PRECEPTOR(S)</b>			
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	
<b>Co-Preceptor:</b> 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 <i>Additional Preceptors and Clinical Sites</i> form, available on our website at <a href="http://www.birthingway.edu/for-students/registration">http://www.birthingway.edu/for-students/registration</a> . All co-preceptors must be Birthingway approved preceptors.			
<b>Office Use Only</b>			
Date/time/payment/initial _____			
_____ MPC    _____ FIN    _____ REG			

