

# ASM PRECEPTOR APPLICATION TO THE NATIONAL COLLEGE OF MIDWIFERY

Please print clearly

Revised 04/2015

Preceptor Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Type of *First* Certification or Licensure: \_\_\_\_\_ Date *First* Issued (minimum 2 years): \_\_\_\_\_

Is Licensure required in your state/jurisdiction?

Yes - Please attach a copy of your current license. License must be free and clear.

No - Please attach a copy of your CPM

Highest Academic Degree: \_\_\_\_\_ NCM Graduate? :  Yes /  No

Please attach copy of transcripts/diplomas for higher education

## Self-Assessment Tool:

Caseload per month per midwife in your practice (number of clients divided by number of midwives): \_\_\_\_\_

Do you have a partner or assistant?  Yes /  No Do you have any off-call time?  Yes /  No

How many hours do you spend relaxing with friends or family each week? (*Hours spent asleep do not count*): \_\_\_\_\_

How many hours per week will you expect your student to spend in clinic? : \_\_\_\_\_

How many hours per week will you expect your student to have off? : \_\_\_\_\_

How many hours per week can you guarantee your student for academic supervision and clinical debriefing? : \_\_\_\_\_

Looking at the above information, please evaluate your ability to be a patient, attentive, and inspirational preceptor for your student: \_\_\_\_\_

Please explain how your training, education and experience will allow you to provide Associate's – level training / supervision of your student: \_\_\_\_\_

## Required Documentation Checklist:

### PRECEPTOR

- ASM Preceptor Application Form
- 3 Reference Forms for preceptor
- Copy of preceptor's current certification/license with Date of Expiry
- Preceptor's CV/Resume
- Oversight Form
- Copy of highest academic degree or transcripts
- Preceptor Facility Verification Letter
- Statement of Understanding

### PRECEPTOR'S PRACTICE

- Diagram/ floor plan of academic and clinical space(s) to be used
- Equipment and restocking checklist for clinical facility/clinical practice
- Safety standards form for clinical facility/clinical practice
- Fire/Safety Inspection (*not required for offices in private homes*)

### STUDENT

- ASM Student Application Form
- ASM Contract between Student, Preceptor and NCM
- \$100 Non-Refundable Application Fee
- \$4,900 Administrative Fee
- 1 Student Photo
- High School Diploma/High School Transcript/GED (*Cannot be fulfilled by a college transcript*)
- Statement of Understanding

Please submit all application materials in one single package by mail to:  
National College of Midwifery, 1041 Reed St, Suite C, Taos, NM 87571

Do *not* submit by fax or email. Preceptor references and official transcripts may be sent separately. Incomplete applications are discarded after 60 days.  
Telephone: (575) 758-8914. Email: [info@midwiferycollege.org](mailto:info@midwiferycollege.org) Downloadable forms: <http://www.midwiferycollege.org/Downloads.htm>