

Clinical Training Credit Registration Form

Preceptor/Student Contract

FALL 2010 TERM

1. **To register for Clinical Training Credit, you must turn in this completed form and full payment (unless you are receiving a financial aid disbursement this term).** Any work you complete prior to submitting this form and payment will not count toward your total hours. Remember, your supervising preceptor(s) must be approved by Birthingway (check with the Faculty Coordinator to be sure).
2. **If you want this Clinical Training Credit to be counted toward your enrollment status for financial aid purposes, you must turn in this form by the Enrollment Confirmation Deadline - September 27, 2010.** After this date, it will not be counted and could effect your financial aid. Please check with the Financial Aid Officer you have questions about this.
3. **You may register for Clinical Training Credit until November 12, 2010** (4 weeks before the end of the term). After that date you may not register for Clinical Training Credit.
4. **Your *Time Sheet, Evaluation of Preceptor by Student form, Evaluation of Student by Preceptor form, and Skills Assessment Checklist* must be completed and submitted to Birthingway by Monday, December 13, 2010** (the Monday following the last day of the term). After that date, you will receive an Incomplete. Please see the Catalog and Student Handbook for more details.
5. **Students can only count work towards Clinical Training Credit until 11:59pm Friday December 10, 2010** (the last day of the term). After that date, any work you do cannot be used toward Clinical Training Credit.

Student Name: _____

Supervising Preceptor's Name: _____

I would like to register for the following number of credits (please check one):

✓	Number of Credits	= this number of hours worked	X \$90 per credit = cost
	1	20	\$ 90
	2	40	\$180
	3	60	\$270
	4	80	\$360
	5	100	\$450
	6	120	\$540
	7	140	\$630
	8	160	\$720
	9	180	\$810
	10	200	\$900
	11	220	\$990
	12	240	\$1080

Please complete an additional registration form if you wish to take more than 12 credits this term.

PAGE ONE

What qualifies as appropriate clinical training tasks or duties:

- | | |
|---|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Writing client information forms • Maintaining a client library • Replenish supplies for prenatal and birth bags • Sterilizing instruments • Maintaining equipment • 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.**

PRECEPTOR

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.

I, as preceptor, guarantee to provide at least the number of hours indicated (see *PAGE ONE*) of clinical training duties and tasks (as defined above) 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 (please print)	Supervising Preceptor (signature)	Date
_____	_____	_____
Co-Preceptor (please print)	Co-Preceptor (signature)	Date
_____	_____	_____
Co-Preceptor (please print)	Co-Preceptor (signature)	Date
_____	_____	_____
Co-Preceptor (please print)	Co-Preceptor (signature)	Date

PLEASE NOTE: A Co-Preceptor is another Birthingway-approved preceptor in your practice with whom you may sometimes attend births with.

STUDENT

I agree to complete the number of hours indicated (see *PAGE ONE*) of appropriate clinical training duties and tasks as determined by my preceptor (and defined above). I agree to complete and turn in the clinical training paperwork as outlined above. I understand that I may work more than the required minimum hours and that credit awarded will not be adjusted.

_____	_____	_____
Student (please print)	Student (signature)	Date

Office Use Only

Date/time/payment/initial _____

Please route in this order:

FAC _____ FIN _____ REG _____ FIN _____ FAC _____ SAC _____