

# Clinical Training Credit Registration Form

## Preceptor/Student Contract

WINTER 2012 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 – January 9, 2012 at 4:30pm.** After that date and time, it will not be counted and could affect your financial aid. Please check with the Financial Aid Officer if you have questions about this.
3. **You may register for Clinical Training Credit until February 24, 2012 at 4:30pm** (4 weeks before the end of the term). After that date and time 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 March 26, 2012 at 4:30pm.** After that date and time, 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 on March 23, 2012** (the last day of the term). After that date and time, any work you do cannot be used toward Clinical Training Credit.

**Student Name** (Required): \_\_\_\_\_

**Supervising Preceptor's Name** (Required): \_\_\_\_\_

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

**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 only check the number of credits you wish to add (not your total number of credits).

✓	Number of Credits	= this number of hours worked	X \$94 per credit = cost
	1	20	\$ 94
	2	40	\$188
	3	60	\$282
	4	80	\$376
	5	100	\$470
	6	120	\$564
	7	140	\$658
	8	160	\$752
	9	180	\$846
	10	200	\$940
	11	220	\$1034
	12	240	\$1128

**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:**

- 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
- 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) (Required)    Supervising Preceptor (signature) (Required)    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. To list additional preceptors, please fill out an Additional Preceptor Signature Form (attached or also available here: <http://www.birthingway.edu/for-students/registration.htm>**

**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 but that credit awarded will not be adjusted.

\_\_\_\_\_  
Student (please print) (Required)    Student (signature) (Required)    Date

**Office Use Only**

Date/time/payment/initial \_\_\_\_\_

Please route in this order:

\_\_\_\_\_ FAC    \_\_\_\_\_ FIN    \_\_\_\_\_ REG    \_\_\_\_\_ FIN    \_\_\_\_\_ FAC    \_\_\_\_\_ MPC    \_\_\_\_\_ File

## Additional Preceptor Signature Form

Please use this form to get the signatures of additional Co-Preceptors you are working with for Clinical Training Credits. If you have any questions, please contact the Faculty Coordinator or Midwifery Program Coordinator.

<b>Student Name (please print)</b>	<b>Term</b>	<b>Date</b>
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**Student Signature**

<b>Co-Preceptor (please print)</b>	<b>Co-Preceptor (signature)</b>	<b>Date</b>
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<b>Co-Preceptor (please print)</b>	<b>Co-Preceptor (signature)</b>	<b>Date</b>
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<b>Office Use Only</b>
Date/time/initial
Please route to: _____ FAC _____ MPC _____ File