

Split Credit with Multiple Preceptors Clinical Training Credit Registration - Midwifery Program

How to register for Clinical Training Credit (CTC) with multiple preceptors:

- You must have approval from your Program Coordinator to register for split clinical training credits
- Your preceptor(s) must be approved by Birthingway before you register for Clinical Training Credit.
- To register for Clinical Training Credit, 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). If you fax this form, please call to confirm that we have received it.
- **PLEASE NOTE: If you've already registered for Clinical Training Credit for this term and wish to add more credits with the same combination of preceptors, only write in the number of credits you wish to add (not your total number of credits).**

Dates and Deadlines: Contact your program coordinator or the Registrar if you have questions about these dates.

- **Deadline to count CTC toward enrollment status for Financial Aid is the Enrollment Confirmation Deadline at 4:30 pm on _____**
 - Credits added after that date and time will not be counted toward financial aid and this could affect your financial aid award. Please ask the Financial Aid Officer if you have questions.
- **The deadline to add CTC is two weeks before the last day of term at 5:30 pm on _____**
 - 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 the last day of term at 11:59 pm on _____**
 - After that date and time, any work you do cannot count towards CTC for the specified 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 by 12:30pm on the Monday following the last day of term:**
 - Your completed clinical training documentation **from each preceptor** must be turned in to your Program Coordinator by this deadline in order to receive a grade of Complete. This includes your: Time Sheet, Evaluation of Preceptor by Student, Evaluation of Student by Preceptor, and Skills Assessment Checklist.

Clinical Training Credit Registration FAQ:

- **When can I start counting hours toward credit?**
 - You can only count hours towards this CTC registration from:
 - The time the term begins, **and**
 - Your completed registration for this term and CTC Registration form are received with payment, until 11:59 pm on the last day of term, _____
 - **Any work you complete before submitting this form and payment will not count toward your total hours.**
- **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.

Appropriate Duties for Clinical Training:

- | | |
|---|---|
| <ul style="list-style-type: none">• Direct client care*<ul style="list-style-type: none">◦ 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 | <ul style="list-style-type: none">• 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.**

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Term and Year: _____

MPC _____ I have checked in with the student about their plan for completing these hours with these preceptors.

Student Information:

Legal First Name	Middle Initial	Legal Last Name
I would like to register for the following number of Clinical Training Credits (maximum of 2):		
PLEASE NOTE: If you've already registered for Clinical Training Credit for this term and wish to add more credits with the same combination of preceptors, only write in the number of credits you wish to add (not your total number of credits).	Cost (credits x _____):	
	Additional Preceptor Fee*: (\$30 per credit for each additional preceptor)	
	Total Cost:	

- 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 by Birthingway Front Office staff.**

Signature _____

Date _____

Please complete the following section with your preceptors. If you will be working with Co-Preceptors, or at additional clinical training sites, you must fill out and attach an Additional Preceptors and Clinical Training Sites form.

Supervising Preceptor 1	
Full Legal Name	Clinical Training Site Address
As Supervising Preceptor, I agree to complete _____ hours of clinical training duties and tasks (as defined on Page 1) with the student, to supervise the student appropriately, and to meet all the responsibilities of a clinical preceptor, including completing required paperwork.	
Signature	Date

Supervising Preceptor 2	
Full Legal Name	Clinical Training Site Address
As Supervising Preceptor, I agree to complete _____ hours of clinical training duties and tasks (as defined on Page 1) with the student, to supervise the student appropriately, and to meet all the responsibilities of a clinical preceptor, including completing required paperwork.	
Signature	Date

Supervising Preceptor 3	
Full Legal Name	Clinical Training Site Address
As Supervising Preceptor, I agree to complete _____ hours of clinical training duties and tasks (as defined on Page 1) with the student, to supervise the student appropriately, and to meet all the responsibilities of a clinical preceptor, including completing required paperwork.	
Signature	Date

Office Use Only	Date/time/payment/initial _____
_____ FAC _____ FIN _____ REG _____ FAC _____ MPC _____ REG(file)	