National Midwifery Institute, Inc.
Apprentice/Preceptor

Work Agreement and Informed Consent Worksheet

This document is to inform the student apprentice, through full personal disclosure by the precepting midwife, of the precepting midwife’s status in the following areas. The student-apprentice must take full responsibility for their own decision to work with a preceptor.

Both student and preceptor sign and date pages 2, 4 and 5; preceptor additionally signs page 6 or 7.

I,____________________________________________________ (preceptor)
___ do not carry malpractice insurance.  ___ do carry malpractice insurance.

I hold the following certification and or license:

My legal status in my state is:

My midwifery training consisted of:

I have attended approximately ______ births. Of these, ______ have been as primary midwife.

Last year I attended _____ births. This year I expect to attend _____ births.

As precepting midwife, I have trained _____ students.

As precepting midwife, the number of apprentices I include in my practice at one time is _____.
(If you include more than one apprentice at a time, describe how each apprentice has learning and hands-on experience opportunities.)
My apprentice’s duties include:

My philosophy about birth is:

Additional details:

**Preceptor’s Affirmation of Honest Intent of Representation**

I, ______________________________, do hereby affirm that I have read and agree to uphold the National Midwifery Institute’s Program Objectives, Philosophy and Purpose Statement, and MANA’s Values and Ethics Statement.

I, ______________________________, do hereby acknowledge that honesty in relationship to the student midwives I precept is of utmost importance. I affirm that I, to the best of my ability and professional integrity, have represented my practice, knowledge, skills, experience and expertise honestly and fairly.

I affirm that this document has been completed honestly.

Signature: __________________________ Date: ________________

**Student Apprentice Agreement to Above Informed Consent**

I, ______________________________, have read and understand the above statements and hereby make an informed decision to accept an offer to apprentice with the above named preceptor.

Signature: __________________________ Date: ________________
NARM* Policy Statement on Preceptor/Apprentice Relationships

These policies apply to NMI students and preceptors, with NMI-specific clarifications in italics.

In validating the apprenticeship as a valuable form of education and training for midwifery, NARM appreciates the many variations in the preceptor/apprentice relationship. In upholding the professional demeanor of midwifery, it is important that each party in the relationship strive to maintain a sense of cooperation and respect for one another. While some preceptor/apprentice relationships develop into a professional partnership, others are brief and specifically limited to a defined role for each participant.

To help NARM candidates (and NMI students) achieve exceptional training and a satisfactory relationship from their apprenticeship, NARM makes the following statements:

1. All preceptors for NARM PEP applicants must be currently registered with NARM as a Registered Preceptor. (Note: with MEAC accreditation, preceptors for National Midwifery Institute students are not required to register with NARM as Registered Preceptors. However, all NMI preceptors must complete the NMI Preceptor Application and Agreement)

   In order to qualify as a NARM Registered Preceptor (and NMI Preceptor), the midwife must document their credential as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or they must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, they must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years. (Note: With MEAC accreditation, National Midwifery Institute additionally accepts U.S. Physicians as preceptors for NMI students.)

   It is the student’s responsibility to verify the preceptor’s registration status by asking their preceptor or contacting NARM. (The preceptor privileges of some midwives have been revoked. NMI may not be aware of a revocation.)

2. The clinical components of apprenticeship should include didactic (course work is provided by NMI and supported by faculty instructors) and clinical experience, and the clinical component must be at least two (2) years in duration, which is equivalent to approximately 1350 clinical contact hours under supervision. (NMI graduates complete a minimum of 1890 clinical hours.) NARM states that the average apprenticeship which includes didactic and clinical training typically lasts three to five years. Dates of clinical training must span at least two (2) years.

3. It is acceptable, even preferable, for the apprentice to study under more than one preceptor. In the event that more than one preceptor is responsible for the training, each preceptor will sign off on those births and skills which were adequately performed under the supervision of that preceptor. NARM definition of Primary under Supervision: An apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during all care provided. (NMI refers to Primary under Supervision as Supervised Primary Care.)

4. Preceptor and apprentice should have a clear understanding of responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.

5. The apprentice, if at all possible, should have the NARM application for the MEAC Accredited Schools Route (free online download at www.narm.org) at the beginning of the apprenticeship so that forms can be completed during the training period rather than waiting until the completion of the apprenticeship. Note: NMI forms are required to be completed according to schedule, and document much of the NARM requirements.

6. Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatales, postpartums, etc., should be signed only if the preceptor agrees that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible, however the preceptor makes the final determination.
7. The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor must be physically present when the apprentice performs the midwife skills. The preceptor holds the final responsibility for the safety of the client or baby and should become involved, whenever warranted, in the spirit of positive education and role modeling. Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk having their preceptor status revoked. If there is a concern, the clinical skill should not be signed off in the first place. (Note: NMI’s Preceptor Evaluation/Student Self-Assessment of Midwifery Skills form is filled out by NMI students and preceptors rather than the Final Verification Form mentioned above.)

8. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their Certified Professional Midwife (CPM) credential.

9. NARM’s definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, genealogical, family) and a physical examination. These exams do not have to occur all on the first visit to the midwife, but the apprentice should perform at least 20 of these examinations on one or more early prenatal visits.

10. Prenatal Exams, Newborn Exams, and Postpartum Exams as an Assistant Under Supervision (NMI calls these Assist Exams) must be completed before the same category of clinicals may be verified as Primary Under Supervision (NMI calls these Supervised Primary Care). However, Prenatal, Newborn Exams, and Postpartum Exams as a Primary Under Supervision (Supervised Primary Care) may begin before the Primary Under Supervision births (Supervised Primary Care births) occur.

11. Births as Assistant Under Supervision (NMI calls these Assist Births) are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered Assistant Under Supervision. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The apprentice should perform some skills at every birth listed and must be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete 18 of the Assistant Under Supervision births before functioning as Primary Under Supervision (Supervised Primary Care) at births.

12. Births as a Primary Midwife Under Supervision (Supervised Primary Care) means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor who is physically present and supervising the apprentice’s performance of skills and decision making.

13. Catching the baby is a skill that should be taught and performed during the Assistant Under Supervision phase. The Primary Under Supervision births (Supervised Primary Care) require that the student be responsible but under supervision for all skills needed for labor support and monitoring of mother/gestational parent and baby, risk assessment, the delivery of the infant, newborn exam, and the immediate postpartum assessment of mother/gestational parent and baby. If one or both parents are “catching” the baby, the Primary Under Supervision (Student-Primary Under Preceptor Supervision) is responsible for all elements of the delivery. If the preceptor catches the baby, then that birth qualifies as Assistant Under Supervision for the student.

14. Attendance at a birth where either the apprentice or preceptor is also the client will not be accepted for verification of the required clinicals.

I have read and understand NARM’s policy as stated above. I agree to provide fair and honest documentation of the experience and skills required by NMI and NARM.

Preceptor’s signature ___________________________ Date __________

Student’s signature ___________________________ Date __________

*North American Registry of Midwives, for entire NARM Candidate Information Bulletin, visit www.narm.org.
NMI Policy Statement on Student Rights and Responsibilities

These policies apply to NMI students and preceptors.

- Students have the right to be treated according to behavioral guidelines established by the MANA Statement of Values and Ethics.*
- Students have the right to be treated without discrimination on any basis including actual or perceived discrimination against their sex, gender identity, race, color, marital status, ethnic origin, religion, age, sexual orientation, or disability.
- Students have the right to receive opportunities for clinical midwifery experiences commensurate with previous experience and anticipated program length.
- Students have the right to self-determination in defining their current learning objectives and goals for acquiring clinical midwifery experience.
- Students have the right to be excused from clinical duties due to death in the family, a sick family member, or other extenuating circumstances to be fairly negotiated with the preceptor.
- Students have the right to bathroom and lunch breaks in the course of a workday.
- Students have the right to be informed of any deficits in their performance as determined by preceptor, with clear guidelines for remediation, as long as this feedback is given privately and not in the presence of clients.
- Students have the right to give feedback to preceptor regarding any questions or disagreements with preceptor’s decisions in caregiving, as long as this feedback is given privately and not in the presence of clients.

Students are required to:
1. Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics*), upholding instructor and preceptor confidentiality at all times;
2. Agree to participate in conflict resolution, utilizing the program’s Grievance Mechanism as necessary.

Students are expected to submit course work according to NMI’s Satisfactory Academic Progress Policy (a minimum of 2 modules submitted per quarter of enrollment). The coursework must be their own; see NMI Academic Integrity Policies and Procedures. Students are also expected to be respectful and assertive in obtaining their education, asking questions of both academic and clinical faculty until they are satisfied that they have the correct information and understand it. Students are responsible for full participation and engagement with the resources provided and recommended by clinical and academic faculty. All course work must be completed to 100% accuracy. Students will be notified of any revisions in course work and will be expected to complete the updated version if the update is significant, or if the student has been enrolled beyond 7 years as part of Continued Enrollment Beyond 7 Years Policy.

While precepting, student midwives are introduced to their preceptor’s clients as members of the care team, but clients must be fully informed of the student’s apprenticeship status and must give consent to the student midwife’s participation in their care.

Student midwives are encouraged to actively participate in professional organizations such as CAM, MANA, and ACNM, as a means of acquiring a broad view of midwifery practice and politics while networking with other midwifery students.

I have read and understand NMI’s policy as stated above. I agree to abide by NMI’s Student Rights and Responsibilities Policy.

Preceptor’s signature ___________________________ Date _________

Student’s signature ___________________________ Date _________

*To read the MANA Statement of Values and Ethics, visit https://mana.org/resources/statement-of-values-and-ethics
NMI Honorarium Payment to Preceptors

An approved NMI preceptor may invoice the program for a total of $3400 honorarium per student (up to 10 observe births @ $10 each; up to 55 assist exams and 195 supervised primary care exams @ $10 each; up to 20 assist births @ $15 each; and up to 25 supervised primary care births @ $20 each). NMI holds this amount in reserve from the student’s tuition. Honorarium disbursement to preceptors is contingent on that student’s fees being current; all experience and skills documentation must also be current before preceptor honorarium invoices are paid.

Most preceptors realize adequate exchange with an apprentice via assistance with the practice and honorarium from NMI. However, it is possible that a preceptor will directly charge fees to a student for training. Students are responsible for this as a separate agreement.

If a preceptor or clinical site charges a fee to students for training, that party is disqualified from invoicing NMI for births attended with students.

NMI limits payment to preceptors as described above.

Some preceptors offer a work exchange to students who apprentice with them. The details of the exchange should be included in the Student/Preceptor Work Agreement. A preceptor may then waive the NMI preceptor honorarium. Unused preceptor honoraria are applied to the student’s tuition balance or refunded.

Preceptors must complete a W-9 (a 1099 is issued annually for taxes), or may complete the following honorarium waiver.

(Optional) Preceptor Honorarium Waiver

I, __________________________(preceptor), understand it is customary for National Midwifery Institute, Inc., preceptors to invoice the program according to the following honorarium rate schedule: $10 per observe birth up to the total of the student’s required 10 observe births; $10 per assist or supervised primary care exam, up to a total of 55 required assist exam and 195 required supervised primary care exams; $15 per assist birth, up to a total of 20 required assist births; and $20 per supervised primary care birth, up to a total of the student’s 25 required supervised primary care births. However, I have a separate exchange agreement with ___________________________(student).

I, __________________________(preceptor), will not invoice National Midwifery Institute, Inc., for precepting ___________________________(student).

Signature ____________________________ Date_________

Turn over page for W-9 form.
**Request for Taxpayer Identification Number and Certification**

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Single-member LLC
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) — Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
   - Other (see instructions) —

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any) —
   - Exemption from FATCA reporting code (if any) —
   - Applies to account maintained outside the U.S. —

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number(s) here (optional)

### Part I — Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN), however, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Social security number**

**Employer identification number**

### Part II — Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1098-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1098-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
NARM has developed the following step-by-step guidelines for successful completion of the NARM application documentation.

Together, the preceptor and applicant should:

1. Review the three (3) separate practice documents required by NARM—Practice Guidelines, Informed Consent, and Emergency Care Form.

2. Review all client charts referenced on the NARM Application and confirm that the preceptor and applicant (student/apprentice) names/signatures appear on each part of the chart/form that is being referenced.

3. Confirm that the signatures/initialed of the applicant and preceptor are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate post partum exam, newborn exam, and complete follow-up postpartum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initialed for both the applicant and the preceptor on the charts/forms.

4. Check all birth dates and dates of all exams for accuracy.

5. Check all codes to make sure there are no duplicate code numbers. Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth. If a preceptor has more than one student (applicant), each chart must have a uniform code that all students will use. Students should not develop different codes for the same client.

6. Preceptors need to be sure their forms show that the student participated as primary under supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant (student) and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.

7. Applicants (student/apprentice) should have access to or copies of any charts listed in the application for Continuity of Care and Out-of-Hospital Birth, in case of NARM audit.

8. The Informed Consent document used by the apprentice/student should not indicate that the student is a CPM, even if the student is in the application process. The CPM designation may not be used until the certificate has been awarded.

9. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future, and also risk losing their CPM credential.

NARM Audits

All NARM applications are evaluated in detail. Over 20% are audited. If the application is audited, copies of Practice Guidelines, Informed Consent, Emergency Care Form, and specific charts with the names whitewashed out must be submitted to the NARM Applications Office. MEAC applicants may submit client charts or clinical verification forms from a MEAC accredited school, for purpose of audit.

Applicants are responsible for having immediate access to client charts or clinical verification forms from a MEAC accredited school when they submit their application. Audited materials are due within two weeks of request. Delays in return of audited materials can hold up test scheduling.