Preceptor Agreement
Preceptor’s Clinical Site

National Midwifery Institute, Inc., is required by our accrediting agency, MEAC (Midwifery Education and Accreditation Council, 850 Mt Pleasant Ave, Ann Arbor, MI 48031, phone 360-466-2080), to document that our preceptor sites meet the following guidelines. Please consider each guideline and initial in the spaces provided, indicating that your clinical practice environments (your office, clients’ homes, and/or out of hospital birthing facility) meet these guidelines.

I, _________________________________, affirm that my clinical practice environments include the following:

_____ 1. The space and opportunities for students to participate in midwifery care of clients throughout pregnancy, labor, birth and the postpartum.

_____ 2. The space and opportunities for students to have student-preceptor conferences

_____ 3. Accommodations for students to eat, rest, or study during lengthy clinical experiences.

I also affirm that my clinical practice environments provide the following, in compliance with local or state standards

_____ 1. Fire safety (includes alarms, fire extinguishers, fire drills for quick egress from the building)

_____ 2. Equipment safety (includes having functioning equipment that has regular inspections and maintenance)

_____ 3. Building safety (includes a facility in good condition with regards to construction, safety of lighting, hot and cold water, sanitary facilities)

_____ 4. Methods of disease prevention (such as hand-washing facilities, adequate facility cleanliness, sterilization and proper storage of equipment and supplies)

_____ 5. Universal precautions regarding hand-washing techniques, proper use of gloves and facemasks/eye protection, mouthpieces for resuscitation, hazardous materials management (includes proper storage and disposal of sharps and other supplies involving bodily secretions), and hazardous waste management (includes proper storage and disposal of supplies that involve bodily secretions)

In the event of substantive change to my clinical site, I will contact National Midwifery Institute and submit an updated Clinical Site agreement.

I further affirm that during clinical practice and in the company of students the comfort and safety of all involved is given full consideration at all times.

Signature_________________________________________ Date ________________