

Preceptor/Student Contract
BASTYR UNIVERSITY DEPARTMENT OF MIDWIFERY

Student's Name: _____

Student's Address: _____

Student's Telephone/Email: _____

Quarter/Year: _____ Practicum Course # _____

Name and Title of Preceptor: _____

Preceptor Address: _____

Preceptor's Telephone/Email: _____

Student feels confident doing the following skills:

Student's Learning Objectives to be met during the practicum quarter:

- Clinical Evaluation of Student – Skill Level 1**
- Clinical Evaluation of Student – Skill Level 2**
- Clinical Evaluation of Student – Skill Level 3**
- Clinical Evaluation of Student – Skill Level 4**
- Clinical Evaluation of Student – Gynecology**
- Specific skills as identified:**

Preceptor expects Student to participate in the following activities and responsibilities:

Preceptor expects student to arrive on-time and ready to work on the following clinic dates and times:

Preceptor expects student to be on call as a student midwife to participate in intrapartum and postpartum care on the following schedule:

Student and Preceptor will participate in regular review of client charts, clinical experiences and student skills assessment on the following schedule: (For example, every Thursday morning at chart review or after each birth, etc.)

Student agrees to accept the following responsibilities:

1. Report for Practicum experience as assigned.
2. Assume responsibility for the cost of transportation and meals.
3. Adhere to all applicable rules of the Practicum Site.
4. Assume responsibility for any medical care necessary for any personal injury or illness resulting from participation in the Practicum.
5. Maintain confidentiality of all client/patient information pursuant to the HIPPA
6. Conduct herself in a manner that is professional and respectful of the Preceptor's practice.

Names & Signatures:

Student: _____

Date: _____

Printed Name: _____

Preceptor: _____

Date: _____

Printed Name: _____