



Dear Applicant,

Thank you for being willing to become a preceptor and help train the next generation of midwives! We applaud you.

Our Preceptors are an invaluable component in the education and training of midwifery students.

Below is a description of an ATMMTP Preceptor.

ATMMTP Preceptors:

- Provide clinical instruction and training, oversight, encouragement, accountability and evaluation for midwifery students they train
- Provide a setting in which a student sees clients and gains experience in the clinical practice of midwifery
- Function as a role model, providing clinical teaching and supervision for the student in the clinical setting
- Provide a safe work environment for students and clients
- Verify and co-sign clinical documentation written by the student midwife
- Submits required forms and paperwork in a timely manner as required by the Program
- Is expected to notify the Clinical Supervisor immediately when unsatisfactory performance of the student midwife is in question.

You are expected to read the ATMMTP Preceptor Handbook before filling out the Preceptor Application. Then, fill out the included application and return to ATMMTP via email at:

ClinicalSupervisor@atmmtp.org

Thank you,

Kelli Beaty

Clinical Supervisor, ATMMTP



ATM Midwifery Training Program Application

PART 1: PERSONAL INFORMATION			Date of Application:	
NAME:			Email:	
Address:		City:	State:	Zip:
PHONE:	MOBILE:	OFFICE:	HOME:	
ATM member? (required) <input type="checkbox"/> No <input type="checkbox"/> Yes If no, apply at https://www.texasmidwives.com/membershipapplication.asp				
NARM Registered Preceptor? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete Part 1-3 and 6-8, including copies of all credentials plus a copy of your NARM Preceptor Registration Letter.				
Part 2: QUALIFICATIONS - Check all that apply				
<input type="checkbox"/> Texas Licensed Midwife # _____ Date Licensed _____ Expires _____				
<input type="checkbox"/> NARM CPM # _____ Date effective: _____ Date Expires: _____				
<input type="checkbox"/> Licensed in a NARM-recognized state (Please specify state) _____				
<input type="checkbox"/> CNM # _____ State _____				
<input type="checkbox"/> EXPERIENCED MIDWIFE (3+ years as primary midwife without supervision). Began midwifery practice (date): _____				
<input type="checkbox"/> PHYSICIAN License # _____ State _____				
<input type="checkbox"/> Other (explain) _____				
Part 3: MIDWIFERY EDUCATION – check all that apply				
<input type="checkbox"/> Apprenticeship Dates: _____ to _____			Preceptor(s):	
<input type="checkbox"/> ATMMTP Graduate Date _____				
<input type="checkbox"/> Other Course/Training through _____ Date Completed _____				
<input type="checkbox"/> Describe any special training/experience you have in areas related to midwifery or teaching: _____				
PART 4: PROFESSIONAL EXPERIENCE <i>after first licensing or certification</i>				
Number of Years of Practice _____ If less than 3 years, submit “Documentation of Births Attended” form (included in application packet.)				
Number of births as primary attendant _____				
Of the above births as primary attendant, at least 10 are “1 Full Continuity of Care” births <input type="checkbox"/> No <input type="checkbox"/> Yes <small>¹Includes 5+ prenatal exams over 2 trimesters, birth, newborn exam, and 2 postpartum exams.</small>				
Total number of births attended in any role since receipt of credential: _____				

PART 5: PAST 5 YEARS OF PRACTICE: All midwives, birth centers or hospitals with whom you currently work or have worked in the past 5 years

NAME OF PRACTITIONER/PRACTICE	From - To	ADDRESS (City/State)

PART 6: CURRENT PRACTICE INFORMATION

Current Practice Type (Check all that applies)

☐ Solo Practice ☐ Group/Partnership ☐ Home ☐ Birth Center ☐ Hospital

APPROXIMATELY HOW MANY BIRTHS DO YOU ATTEND PER MONTH ON AVERAGE?

WHAT IS THE MAXIMUM NUMBER OF BIRTHS YOU ATTEND IN ANY GIVEN MONTH?

HOW MANY BIRTHS PER MONTH DO YOU EXPECT YOUR APPRENTICE(S) TO ATTEND?

PART 7: COMPLAINT HISTORY

Please read and answer carefully. Having a complaint, past or current, does not disqualify you as an ATMTP Preceptor. Applicants with complaints may be asked to provide more information.

Have any complaints filed against you with any ²regulatory, credentialing, or licensing agency in the past 5 years regarding your practice been resolved? ☐ No ☐ Yes If yes, attach a list with dates, complaints(s) and any copies of resolutions or letters of outcome.

Do you currently have any on-going, unresolved complaints filed against you with any ²regulatory, credentialing, or licensing agency regarding your practice? ☐ No ☐ Yes

If yes, attach a list with dates, agency of complaint, nature of complaint(s), and current status.

²Including but not limited to Texas Dept. of State Health Services (regarding birth centers), TDLR, NARM, ACNM, American Midwifery Certification Board, State Board of Medical Examiners, and State Board of Nurse Examiners.

PART 8: SUPPLEMENTAL SUBMISSIONS:

When submitting Preceptor Application, also submit legible copies of applicable documents:

- | | |
|--|--|
| <input type="checkbox"/> NARM Preceptor Registration Letter | <input type="checkbox"/> Copies of State Midwifery License(s) |
| <input type="checkbox"/> CPM Certificate (if CPM) | <input type="checkbox"/> Copies of other Registrations or Certificate(s) |
| <input type="checkbox"/> Physicians & CNMs: Also submit Resume or CV | <input type="checkbox"/> Complaint Documentation |
| <input type="checkbox"/> "Documentation of Births Attended" if less than 3 years of practice | |

By signing this application, you certify that all of the above information is correct. ATM reserves the right to make inquiries regarding complaints concerning your practice or your ability to teach midwifery students. If it is later found that you have falsified any information provided, or there is omission of requested information, ATMTP preceptor status may be revoked.

Signature of Applicant

Date Signed

Signature of Course Coordinator

Date Signed

Please email this form and all required documents to: ClinicalSupervisor@atmmtp.org

OFFICE USE ONLY - ENCLOSED DOCUMENTS:

- ☐ CURRENT LICENSE ☐ COPY OF CPM ☐ CNM Cert ☐ PHYSICIAN License
- ☐ DOCUMENTATION OF BIRTHS AS PRIMARY MIDWIFE ☐ N/A ☐ RESUME (if required)
- ☐ COMPLAINTS REVIEWED BY EDUCATION COMMITTEE ☐ Waived or N/A
- ☐ SIGNED ATM PRECEPTOR AGREEMENT
- ☐ ASSOCIATE MEMBERSHIP ☐ NOTIFY PRECEPTOR OF APPROVAL
- ☐ FILE COMPLETE on _____ (date)

NOTES

Must be completed by an applicant with less than 3 years' experience since licensure or certification, unless NARM approved.

CPM or CNM ☐ Yes ☐ No Date you began practice as primary midwife (mo/year) _____ Number of years in practice _____[illegible]

Midwife's Signature: _____