



Administrative Office, 320 Evergreen Drive, Summertown, TN 38483
931-964-4829, Fax-931-903-1314

CTM/PRECEPTOR AGREEMENT

AGREEMENT, made and effective as of _____, between
_____ Preceptor and The College of Traditional Midwifery
(CTM), a Tennessee post-secondary educational institution with its administrative office at 320
Evergreen Drive, Summertown, TN 38483.

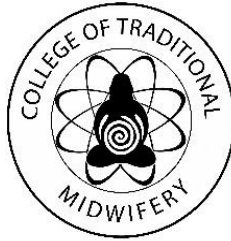
CTM is pleased that you have formed a formal agreement with _____ (student
name) to be their preceptor. According to MEAC guidelines this makes you a CTM faculty
member. Your starting date will be on _____ for the calendar year _____.

I agree to provide CTM with:

1. Provide a copy of your Policy and Procedure for HIPPA Regulations that are followed
2. Provide a copy of your Policy and Procedure for OSHA Regulations around fluid and
blood-borne pathogens that are followed.
3. A list of emergency equipment for birth safety, including but not limited to:
 All equipment for oxygen administration
 Adult Mask
 Infant Mask
 Res-Q Vac Manual Suction System or DeLee Suction Catheter
 Ambu Resuscitator
 Infant sure seal mask
 Heating pad or hot water bottle
 Cutting board for a hard surface
 Baby blanket
 At least 3 containers, bags or areas for equipment (Prenatal, Labor and Delivery, and
Infant Resuscitation)
4. Proof of my current NARM CPM
5. Proof of my current NARM Preceptor Registration.
6. The Agreement between the Student and the Preceptor

I understand it is my responsibility to:

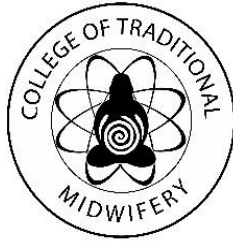
1. Read and understand the College of Traditional Midwifery (CTM) Catalogue.
2. Give the student named above the clinical experience numbers required for graduation.
3. Provide practice facilities, equipment and supplies that are sufficient for students to gain
the required skills and knowledge on the NARM Comprehensive Skills, Knowledge, and
Abilities Essential for Competent Midwifery Practice Verification Form 201a.



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4. Provide the student with a clinical site that adheres to Universal Precautions that CTM finds suitable. Including but not limited to:
 - Education
 - Hand washing
 - Use of protective barriers (PPE)
 - Cleaning of Contaminated surfaces
 - Safe Handling/Disposal of contaminated material
5. Reviewed the student's Clinical Requirements in the NARM PEP Phase 1 through 4
6. Provide the student with adequate opportunities to observe and participate in clinical skills.
7. Spend ____ hours per week (at least 2 hours per week) discussing knowledge and allowing the student to demonstrate skills.
8. Verify competencies for NARM's Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.
9. Be physically present in the room when the student performs all skills or clinical experiences, as required by CTM and North American Registry of Midwives (NARM).
10. Assume all responsibility for care provided by a student under my supervision.
11. Maintain open and honest communications with the student and Student Liaison. This includes but is not limited to clinical experience review, peer review, and other feedback on their performance.
12. Participate in at least 2 phone calls per Term (midterm and at the end of the Term) to discuss student progress openly and honestly with the student and the Student Liaison.
13. Participate in a virtual site visit annually with the Student Liaison.
14. Have a form for each client giving permission for student involvement in their care and the use of their charts, with the identifying information whited out, for educational purposes.
15. Give permission for the student to make copies of client forms, with the client identifiers whited out, to be used by the student for educational purposes.
16. Resolve conflicts through honest communication with the student and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the CTM Catalogue for differences with the student that are irresolvable on our own.
17. Read and adhere to the College of Traditional Midwifery Policies and Procedures that I have received digitally. Written copies of these Policies and Procedures can be obtained from Administration via written or verbal request at any time.
18. Contact the Director of Education at 931-629-8566 within 24 hours to report any incident with an adverse outcome where the student was present. In such capacity you will report directly to Sharon Wells, the CTM Director of Education.



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Compensation:

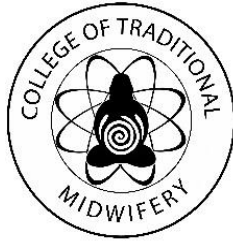
I have discussed what I need for compensation for my services as a Preceptor with my student.
We have agreed upon _____

There is no compensation agreement with the College of Traditional Midwifery (CTM).

I understand that I have the Right to:

1. Attend Adjunct Faculty Meeting and Education
2. Attend CTM Workshops for Free
3. Attend CTM Chart (Peer) Review Sessions offered each Term
4. Mediation with my student and/or Student Liaison, Adjunct Faculty Member or Administration
5. File a Grievance
6. Discuss any material which has a significant relationship to the subject matter as defined by the CTM Term Syllabus/Student Workbook or NARM Written Examination Test Specifications in the NARM Candidate Information Booklet p. 34-47
7. Determine how an identified area and skill is taught
8. Conduct research and to engage in creative endeavors;
9. Publish or present research findings and creative works;
10. Engage in public service activities; and
11. Seek changes in institutional policy through established CTM procedures and by lawful and peaceful means.

Grievance Process: If the administrator, faculty member, staff member, student, volunteer, or contractor cannot reach a resolution through the Informal Complaint process the administrator, faculty member, staff member, student, volunteer, or contractor may request Mediation, Peer Review and Board of Directors Review. Grievance Complaints may include but are not limited to, disagreements with administration decisions, complaints regarding discrimination or retaliation, complaints about the quality of education, complaints on CTM Policies. After following the entire CTM Grievance Process, including a review by the Board of Directors, if the administrator, faculty member, staff member, student, volunteer, or contractor remains unsatisfied with the decision, the administrator, faculty member, staff member, student, volunteer, or contractor has the right to file a complaint with the Tennessee Higher Education Commission, Nashville, TN 37243-0830. (Tel: 615-741-5293). CTM utilizes outside Mediation services. The Peer Review may consist of individuals within the institution, a CPM within the community and fellow students. The administrator, faculty member, staff member, student, volunteer, or contractor have the right to request certain individuals to be removed from Peer Review if they feel there is a bias against them. The confidentiality of the parties involved is of



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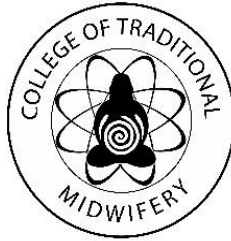
critical importance to CTM and confidentiality is kept with all involved parties throughout each step. Discrimination and harassment are not accepted behaviors.

Requests must be in writing and delivered to CTM via traceable carrier within thirty (30) days after the primary decision. Sharon Wells, the Director of Education, is the designated contact and can be reached at the College of Traditional Midwifery, 320 Evergreen Drive, Summertown, TN 38483, (931- 964-4892). The results and recommendations of the Mediation will be placed in the administrator, faculty member, staff member, student, volunteer, or contractor permanent file. The administrator, faculty member, staff member, student, volunteer, or contractor files are located at the CTM office and are kept in a fireproof, locked file cabinet to protect all individuals involved confidentiality. CTM will respond to Mediation requests within two (2) weeks. The Mediation will occur within thirty (60) days of the written request.

If the Mediation does not bring about a resolution, the administrator, faculty member, staff member, student, volunteer, or contractor may request a Peer Review. Requests must be in writing to CTM via traceable carrier within thirty (30) days after the Mediation. Sharon Wells, the Director of Education, is the designated contact and can be reached at the College of Traditional Midwifery, 320 Evergreen Drive, Summertown, TN 38483, (931- 964-4892). The results and recommendations of the Peer Review Process will be placed in the students, Faculty or Staff's permanent file. The administrator, faculty member, staff member, student, volunteer, or contractor files are located at the CTM office and are kept in a fireproof, locked file cabinet to protect all individuals involved confidentiality CTM will respond to the administrator, faculty member, staff member, student, volunteer, or contractor request to a Peer Review within two (2) weeks. The Peer Review will occur no later than sixty (60) days from receipt of request.

If Peer Review does not bring a resolution, the administrator, faculty member, staff member, student, volunteer, or contractor must request a Board of Directors Review which must be in writing to CTM via traceable carrier within thirty (30) days after the Peer Review. The Board of Directors will conduct a review and make a final determination. The final decision will be written and sent to the administrator, faculty member, staff member, student, volunteer, or contractor Staff via traceable carrier. It may take up to thirty (30) days to receive the results and recommendations from the Board of Directors. The results and recommendations of the Board of Directors will be put in the administrator, faculty member, staff member, student, volunteer, or contractor permanent file. The administrator, faculty member, staff member, student, volunteer, or contractor files are located at the CTM office and are kept in a fireproof, locked file cabinet to protect all individuals involved confidentiality

After following the entire CTM Grievance Process, including a review by the Board of Directors, if the administrator, faculty member, staff member, student, volunteer, or contractor remains



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unsatisfied with the decision, the administrator, faculty member, staff member, student, volunteer, or contractor has the right to file a complaint with the Tennessee Higher Education Commission, Nashville, TN 37243-0830. (Tel: 615-741-5293)

All records of a complaint or Grievance with their resolution will be retained in the CTM office for seven (7) years from the date of the complaint. The complaint will be kept in a fireproof, locked file cabinet to protect all individuals involved confidentiality.

Non Retaliation -No administrator, faculty member, staff member, student, volunteer, or contractor who in good faith reports a violation of the Code CTM policies, or law shall suffer harassment, retaliation, or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within CTM prior to seeking resolution outside of the organization.

Confidentiality: As a Preceptor, you further agree to maintain the confidentiality of all information, data, and reports regarding CTM as well as any communications produced in connection with CTM. Further, you shall not make public any information relating to activities of CTM without prior consent of CTM and that all activities related to CTM shall be exclusively for educational purposes consistent with CTM's mission and purposes, and all applicable laws and regulations. This Paragraph shall survive in perpetuity the termination of this Agreement.

Affirmation Of Honest Intent: As a Preceptor, I agree to be academically and personally honest at all times. I understand that academic dishonesty is directly prohibited by the CTM and is a condition leading to dissolution of the Preceptorship. Actions that can fall under the description of academic dishonesty can include but are not limited to; plagiarism, fabrication of information or citations, and the facilitation of academically dishonest actions by a student. (see https://en.wikipedia.org/wiki/Academic_integrity)

Notice of General Nondiscrimination Policy of the College of Traditional Midwifery:

The College of Traditional Midwifery admits students of any race, color, national origin, and ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



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Furthermore, All faculty members, other employees and students are recruited, hired, appointed and/or promoted without discrimination in regard to sex, gender identity, race, color, marital status, national origin, ethnic origin, religion, age, sexual orientation, or disability.

Adopted 11/17/20

Term and Termination: The term of this agreement is for the period starting _____. This agreement may be terminated by the preceptor, student, or the College of Traditional Midwifery upon 30 days written notice. This agreement will be considered for renewal during each Term.

This agreement constitutes the entire agreement between the parties and supersedes all prior agreements, memoranda, and understandings, whether oral or written.

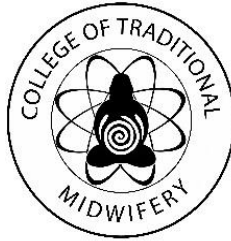
If you agree to the terms of this agreement, please sign and date below.

Name

Date

Carol Nelson, Administrator

Date



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EXAMPLE OF A STUDENT/PRECEPTOR AGREEMENT

Student Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Preceptor information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Credentials (Circle all that apply) CPM CNM CM MD DO State Licensed Midwife

Practice or Birth Center Information:

Name of Practice or Birth Center _____

Type of Practice (Circle all that apply) Homebirth Birth Center Hospital Clinic

Facility Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

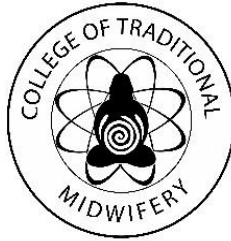
Do you work with midwifery partners who will also be preceptors for this student? YES _____ NO _____

If YES, they will need to fill out an additional Student Preceptor Agreement Form and Preceptor Application.

Preceptor, please initial your acceptance of each item below.

I affirm that:

___ My practice has Policy and Procedure for HIPPA Regulations that are followed.



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EXAMPLE OF A STUDENT/PRECEPTOR AGREEMENT

___ My practice has Policy and Procedure for OSHA Regulations around fluid and blood-borne pathogens that are followed.

___ My practice facilities, equipment and supplies are sufficient for students to gain the required skills and knowledge on the Curriculum Checklist of Essential Competencies.

___ My practice has adequate emergency equipment for birth safety, including but not limited to:

___ All equipment for oxygen administration

___ Adult Mask

___ Infant Mask

___ Res-Q Vac Manual Suction System or DeLee Suction Catheter

___ Ambu Resuable Resusitator

___ Infant sure seal mask

___ Heating pad or hot water bottle

___ Cutting board for a hard surface

___ Baby blanket

___ At least 3 containers, bags, or areas for equipment (Prenatal, Labor and Delivery, and Infant Resuscitation)

___ I am a North American Registry of Midwives (NARM) Registered Preceptor.

___ I have included proof of my NARM Preceptor Registration.

___ I have read and understand the College of Traditional Midwifery (CTM) Catalogue.

___ I agree to use the Rubrics given by CTM as guidelines to measure competency.

___ I am committing to giving the student named above the clinical experience numbers required for graduation.

___ I have reviewed the student's Clinical Requirements in the NARM PEP Phase 1 through Phase 4.

___ I agree to provide the student with adequate opportunities to observe and participate in clinical skills.



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EXAMPLE OF A STUDENT/PRECEPTOR AGREEMENT

___ I agree to spend ___ hours per week discussing knowledge and allowing the student to demonstrate skills.

___ I agree to verify competencies for NARM's Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.

___ I agree to be physically present in the room when the student performs all skills or clinical experiences, as required by CTM and North American Registry of Midwives (NARM).

___ I agree to assume all responsibility for care provided by a student under my supervision.

___ I agree to maintain open and honest communications with the student and Student Liaison. This includes but is not limited to clinical experience review, peer review, and other feedback on their performance.

___ I agree to participate in at least 2 phone calls per Term (midterm and at the end of the Term) to discuss student progress openly and honestly with the student and the Student Liaison.

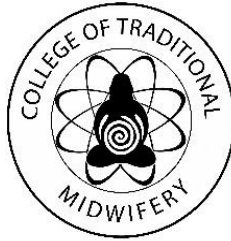
___ I have a form for each client giving permission for student involvement in their care and the use of their charts, with the identifying information blocked out, for educational purposes.

___ I give permission for the student to make copies of client forms, with the client identifiers blocked out, to be used by the student for educational purposes.

___ I agree to resolve conflicts through honest communication with the student and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the CTM Catalogue for differences with the student that are irresolvable on our own.

___ I have discussed what I need for compensation for my services as a Preceptor. We have agreed upon _____

___ I agree to contact the Director of Education at 931-629-8566 within 24 hours to report any incident with an adverse outcome where the student was present.



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EXAMPLE OF A STUDENT/PRECEPTOR AGREEMENT

Student, please initial your acceptance of each item.

___ I have received and read the College of Traditional Midwifery (CT) Catalogue, which outlines my rights and responsibilities as a student.

___ I agree to be reliable for all clinical appointments and to be available when on-call as agreed upon.

___ I agree to bring my NARM PEP Forms each time I attend client interactions in order to acquire appropriate preceptor signatures.

___ I agree to respect confidentiality within the preceptor's practice. This includes not sharing information about clients or their care, other than as appropriate within confidential case presentations, and not sharing photographs of clients without the client's written permission.

___ I agree to maintain appropriate dress and behavior in each clinical setting.

___ I agree to maintain open and honest communications with my preceptor.

___ I agree to discuss my preceptor/student relationship with my Student Liaison.

___ I agree to take part in 2 phone call per Term (midterm and at the end of each Term) with my preceptor and my Student Liaison to discuss my progress in skills, knowledge, abilities and attitudes necessary to be an entry level midwife

___ I agree to seek to resolve conflicts through relationship and honest communications with the preceptor, and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the Catalogue for differences with the preceptor that are irresolvable on our own

___ I agree to discuss with my Student Liaison of any conflict I might be having with my preceptor in a timely manner

___ I agree to compensate my preceptor with

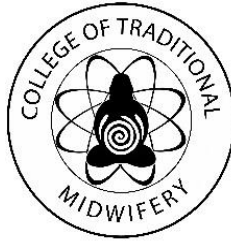
We agree to respect the terms as outlined in this Preceptor and Student Agreement.

Preceptor signature: _____

Preceptor initials: _____ Date _____

Student signature: _____

Student initials: _____ Date _____



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STUDENT/PRECEPTOR DISSOLUTION OF AGREEMENT

I, _____, agree to dissolve the current Preceptor/ Student agreement.

The agreement signed on _____ and agreed upon by the Preceptor _____
_____ and the Student _____ will no longer be an active
agreement beginning on this date _____. I agree to send
in any signed Clinical Experience forms to CTM that have been completed either partially or in full.

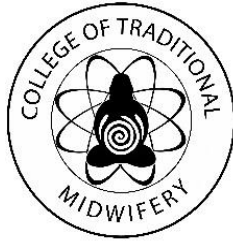
Please provide a reason for the dissolution: _____

Signature of Preceptor

Date

Signature of Student

Date



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INCIDENT REPORT IN A CLINICAL SETTING

Incident Report Date _____

The College of Traditional Midwifery requires that any incident that occurs in a clinical situation that may include possibility of a lawsuit against CTM must be reported. Reporting should be done for any situation that may fall under this. CTM would like Preceptors to report incidents even if they seem minor so that we will have appropriate paperwork on file if the incident escalates.

Submitted by: _____

Site of Incident

Place of Incident	
Street Address	
City	
State	
Zip Code	
Phone Number	

Incident Date _____

Incident Time _____

Client Name _____

Preceptor Name _____

Other health care providers present _____

Others in Attendance



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INCIDENT REPORT IN A CLINICAL SETTING

1) Name _____

Role _____

Address _____

Phone Number _____

2) Name _____

Role _____

Address _____

Phone Number _____

3) Name _____

Role _____

Address _____

Phone Number _____

Witness Information

1) Name _____

Role _____

Address _____

Phone Number _____

2) Name _____

Role _____



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PRECEPTOR EVALUATION OF THE ASSOCIATE OF APPLIED SCIENCE IN MIDWIFERY PROGRAM

Preceptor Name _____

Student Name _____

Term _____

NARM Phase 1-4

___ Observations

___ Assists

___ Primary under Supervision

	Always	Sometimes	Never
Student is performing at the expected level of Phase 1-4			
Student is proactive in learning. Student seeks out learning opportunities during clinical work with the preceptor according to CTM Syllabus/Study Guide			
Student takes the initiative to meet with preceptor outside of clinical time to discuss progress in the appropriate NARM Phase, demonstrate skills, discuss items identified on the Term Syllabus/Study Guide for knowledge.			
Student meets with me after every birth or at least every 1-2 weeks if			



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there is no birth in that time frame			
Student has been available and reachable at all times, ready to attend a visit or a birth at a moment's notice, and matched the preceptor's work schedule at all times, including holidays, semester breaks and summer months.			
The student did not attend to any clients without my (the preceptor's) physical presence.			
The student and I are meeting virtually with the CTM Student Liaison two (2) times during a Term			
The student and I have access to the Student Liaison when necessary			
The student is conscientious about and keeps current in our exchange for my services as a preceptor			
The Rubric provided by CTM for clinical experience is a good guideline for student competency			



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PRECEPTOR EVALUATION OF THE ASSOCIATE OF APPLIED SCIENCE IN MIDWIFERY PROGRAM

1. Please provide input on the midwifery program at CTM and offer recommendations to our program staff and faculty, or to suggest curriculum updates.
2. Program Evaluation: Please enter any general feedback on the CTM Midwifery Program
3. Curriculum Evaluation: Please submit any recommendations you have regarding curriculum improvement and/or modifications of the Associate of Applied Science in Midwifery.
4. Please submit any recommendations you have regarding the Skills Rubric, Observations Rubric, Assistant Rubric, and Primary Under Supervision for Competency