

# Preceptor-Apprentice Agreement

**Apprentice's name** \_\_\_\_\_

To receive an Apprentice Permit, the apprentice must file an Application for Apprentice Permit and submit a signed Preceptor-Apprentice Agreement. The preceptor is responsible for the training of the apprentice and for supervision of the apprentice's performance as an assistant or primary midwife in the attainment of the required clinical experiences and demonstration of skills. The primary preceptor should provide instruction prior to the performance of clinical skills, and should sign the majority of the required clinical experiences and skills. Other qualified preceptors may sign for some of the required clinical experiences and skills.

Should the Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify the Department of Health. An apprentice may not continue to perform under any other qualified preceptors until a signed Preceptor-Apprentice Agreement is on file with the Department.

Preceptors must be an Arkansas licensed midwife or certified nurse-midwife, or if outside of Arkansas, preceptors must be licensed by the state of residency as a direct-entry midwife or certified nurse-midwife, or have a Certified Professional Midwife credential from the North American Registry of Midwives.

Preceptor Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Licensed by (state) \_\_\_\_\_ date of expiration \_\_\_\_\_

Or CPM number \_\_\_\_\_ date of expiration \_\_\_\_\_

In practice as a primary midwife since \_\_\_\_\_ total number of births \_\_\_\_\_

If not licensed in Arkansas, provide notarized copy of state license or CPM certificate, or have a verification letter sent by NARM.

I agree to provide training in all of the required clinical knowledge and skills, and to supervise by direct, on-site, supervision, all clinical experiences that will have my signature on the clinical documentation experience forms for:

Apprentice's signature \_\_\_\_\_ date \_\_\_\_\_

Signature of Preceptor \_\_\_\_\_ date \_\_\_\_\_