

Midwife-in-Training Preceptor Vitae and Agreement

Name	Last	First	Middle
Address			
City		State	Zip Code
Phone (enter 10 digit #)			

Practice site/office:
Washington license type and number:
Years in clinical practice (obstetric or midwifery) (exclude any significant inactive periods since licensure):
Number of births attended:
List activities and studies which demonstrate professional growth and development beyond basic licensure (attach additional pages if you need more space.)
Membership in professional associations or organizations:

Attach two professional references from medical professionals which address:

- Length of time writer has been associated with preceptor candidate and in what capacity
- Preceptor candidate's demonstrated ability to provide safe, quality care

Statement:

I am familiar with the requirements of WAC 246-834-220 and agree to fulfill the midwife preceptor role as stated therein.

I will adequately supervise the education and activities of _____
name of applicant

including supervision of the trainee in managing care in the prenatal, intrapartum, and early postpartum period. I also agree to submit checklists of skills and experiences and quarterly progress reports.

Signature

Date (mm/dd/yyyy)