

**BECOMING A PRECEPTOR  
 MCMASTER PRECEPTOR APPLICATION FORM**

**I. APPLICATION FORM - CLINICAL PRECEPTOR: BASIC INFORMATION**

<b>Name:</b>	
<b>Name of Practice Group:</b>	
<b>Address:</b>	
<b>Practice Phone #:</b>	<b>Practice Fax #</b>
<b>Pager #</b>	<b>Home/cell phone #:</b>
<b>Month/Year of Birth:</b>	<b>Email:</b>

**College of Midwives of Ontario** Registration Status: (Please check appropriate box)

CMO Registration Number:

- New Registrant (estimated NR end date):
- General
- General with conditions (state conditions):

## II. DECLARATION OF GOOD STANDING

In order to be a midwifery clinical preceptor within the McMaster Midwifery Education Program, you are required to be a Registered Midwife in good standing with the College of Midwives of Ontario and the hospital where you have privileges.

As of the date below, I am in good standing with the College of Midwives of Ontario and eligible to practice with no limitations or current proceedings before the registration, discipline of fitness to practice committees.

As of the date below, I am in good standing with the hospital where I have privileges with no restrictions or current proceedings.

I agree to inform the MEP if my CMO registration and/or hospital privilege status changes.

**Date**

**Signature**

## III. PRACTICE INFORMATION

Please provide the name(s) of hospital(s) you have privileges at or are actively working with to obtain privileges; dates when privileges are expected to be in place:

Hospital, City	Type of Privileges (i.e. Active, Associate)	Dates Acquired or Expected

#### IV. REFERENCES

Enclosed are two reference forms. One should be completed by the education/placement coordinator in your midwifery practice. The other should be completed by someone who can comment on your skills as a teacher, with clients, colleagues or students. Please fill in your name and address in the appropriate section and ask your referees to return them directly to the program. Please list the names and addresses below of the persons who will be supplying your references.

Name of Referee 1	Address	Phone
Name of Referee 2	Address	Phone

Please upload this application package here

<https://macdrive.mcmaster.ca/u/d/dbaef70ee2b7419cafb3/>

If you have any questions, please email Saadia Israr, Program Manager,  
Midwifery Education Program, McMaster University at [israr@mcmaster.ca](mailto:israr@mcmaster.ca).



**REFERENCE INFORMATION - CLINICAL PRECEPTOR APPOINTMENT**

Name of Applicant	Address	Phone

Name of Referee	Address	Phone
Position/Occupation	Length of time applicant known to referee	Relationship to applicant

Please provide an assessment of the teaching abilities of the applicant and your estimate of the suitability of the person for being a clinical teacher for students in the baccalaureate program in midwifery. (Please use the reverse of this form if space provided is insufficient.)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please upload your reference here

<https://macdrive.mcmaster.ca/u/d/dbaef70ee2b7419cafb3/>

If you have any questions, please email Saadia Israr, Program Manager, Midwifery Education Program, McMaster University at [israr@mcmaster.ca](mailto:israr@mcmaster.ca).