

Fee Statement for Learning Site:

Student Name:	
Learning Site Name:	Name of Site Director:
Address of Learning Site:	
Tel:	Email:
NCM Preceptors at this site:	
(attach list, if necessary)	

To the Site Director: Enter the information on your agreement/contract with the NCM student in this form:

Discretionary Unit (per Trimester/ Month/ Week /Birth/ Credit)	Total Charges	Non-Refundable Deposit	% or Amount Refundable - see refund policy below	In exchange for services provided by the Learning Site	Required Receipt (Trimesterly / Time Sheet / at time of payment)
<i>EXAMPLE: per Week</i>	<i>\$300</i>	<i>\$50</i>	<i>\$250</i>	<i>An invitation to all appointments and births plus 1 hour of preceptor time outside of these clinical activities</i>	<i>Receipt at time of payment</i>
(attach additional explanation, if necessary)					

REFUND POLICY:

- Either party may terminate this arrangement if a working relationship fails to develop or if fee agreements are not met according to this contract. Should the agreement be terminated prior to completion of the Discretionary Unit, a refund will be given according to the schedule below.
- The Learning Site will notify NCM of any changes in writing
- The student must submit a written termination of contract and request for refund to the Learning Site in writing in person or by mail. Refunds must be made within 30 calendar days after receiving written notice of a student's withdrawal or termination of enrollment of the student.

Date of student withdrawal as a % of the enrollment period (Discretionary Unit) for which the student was obligated	Portion of tuition and fees obligated and paid eligible to be retained by the Learning Site
Cooling off period of at least three work days from the date of agreement or payment	All payments of shall be refunded
Prior to commencing instruction of the Discretionary Unit	No more than \$100 or 5% in tuition or fees, whichever is less, may be retained by the Learning Site as registration charges
On 1 st class day of the Discretionary Unit	0%
After 1 st day; within 10% of the Discretionary Unit	10%
After 10%; within 25% of the Discretionary Unit	50%
After 25%; within 50% of the Discretionary Unit	75%
50% or thereafter the Discretionary Unit	100%

Updated 12/14/15 to satisfy U.S. department of education and NM POST-SECONDARY EDUCATIONAL INSTITUTION ACT 5.100.2.20

NON-DISCRIMINATION POLICY:

The National College of Midwifery admits staff, faculty, and students of any race, color, national or ethnic origin, religion, sex, physical ability and sexual orientation, to all rights, privileges, programs, and activities generally accorded or made available to staff, faculty, or students of the College. The National College of Midwifery does not discriminate on the basis of race, color, national or ethnic origin, religion, sex, physical ability or sexual orientation in the administration of its educational policies, admissions policies, or any other college-administered program.

- Site Director Initials:** _____ Learning Site Agrees to be bound by NCM's refund policy for the **Refundable Amount of Charges** paid by the student.
- Site Director Initials:** _____ Learning Site agrees to honor **NCM's Non-Discrimination Policy** in relation to the NCM student and all activities relating to the NCM student for the duration of the enrollment period or the contract with the student, whichever is longer.
- Site Director Initials:** _____ Learning Site agrees to make client charts, edited for HIPAA, in which the student participated as primary midwife under supervision available during and after student study at the site for review in case of audit and as required for student certification and licensure.
- Student Initials:** _____ I understand that termination of a contract with this Learning Site does not mean termination of my relationship with NCM. I understand that I will still be enrolled with the College and may continue my training with other preceptors.
- Student Initials:** _____ I understand that in order to get NCM credit, I must have an approved NCM Contract with each preceptor with whom I work.
- Student Initials:** _____ I have been provided with a copy of my contract with this learning site and understand the agreement that I have entered into with them.

My signature below signifies that I have read and understand all aspects of this agreement and recognize my legal responsibilities in regard to it:

Site Director Signature: _____ Date: _____	Student Signature: _____ Date: _____
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