

**ARKANSAS DEPARTMENT OF HEALTH
PRECEPTOR-APPRENTICE AGREEMENT FOR TRANSITIONAL APPRENTICES**

The apprentice must submit a signed Preceptor-Apprentice Agreement for each preceptor under whom they train. 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 preceptor shall provide instruction prior to the performance of clinical skills, and shall sign off on the required clinical experiences and skills.

Should any Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ADH immediately. An apprentice must not continue to perform under any preceptors unless a signed Preceptor-Apprentice Agreement is on file with ADH.

Apprentices shall follow all applicable Arkansas laws and these Rules.

Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

Apprentice Information (PRINT):

Name _____
Address _____
City _____ State _____ Zip _____
Phones: (h) _____ (c) _____ email: _____

Preceptor Information (PRINT):

Name _____
Address _____
City _____ State _____ Zip _____
Phones: (h) _____ (c) _____ email: _____
Licensed by (state) _____ Date of expiration _____
CPM number _____ Date of expiration _____ MBC: Yes No

If preceptor is not licensed in Arkansas, a notarized copy of state license or CPM certificate must be submitted or a verification letter sent by NARM directly to ADH.

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 _____