

## Safety Form for Training Sites and/or Practices

All clinical placement sites for Southwest Tech students need to meet federal and state safety standards as it pertains to particular practice site. As such, Southwest Tech requests that you fill out the following form.

Preceptor Name: \_\_\_\_\_

Practice Name/Address: \_\_\_\_\_

### **Practice Site**

Please check all that apply:

- Office in a commercial building – please attach a copy of the most recent safety inspection
- Birth center
- CABC-accredited birth center; expiration date: \_\_\_\_\_
- Home office
- Only in client's home

### **Clinical Opportunities/Experiences Available to Midwife Student**

Please check all that apply:

- Preconception Care
- Family Planning/Child spacing
- Prenatal Care
- Intrapartum Care
- Postpartum Care
- Newborn care to:
  - 2 weeks
  - 6 Weeks
- Well Woman Care

I, \_\_\_\_\_, affirm that my clinical practice environment meets safety standards for fire prevention, that I use universal precautions per CDC guidelines, that the environment is clean and safe for students.

I, \_\_\_\_\_, practice only in my client's home and do not have an office site, therefore clinical practice environmental safety standards do not apply.

Preceptor Signature \_\_\_\_\_

Date \_\_\_\_\_

This form is required upon first contract as a preceptor. Please submit this form to a Southwest Tech clinical coordinator by e-mail, mail, or fax. Note that an affirmation of conforming to safety standards is included in every subsequent student-preceptor contract.