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School Information

Welcome to Nizhoni Institute of Midwifery! We are excited to facilitate your entry into a profession committed to providing the highest quality of care to mothers and newborns through the Midwives’ Model of Care. This catalog provides information about the Diploma in Holistic Midwifery Studies program for those students who enroll in 2015 with a planned completion date of 2018.

Administrative and Classroom Location
Nizhoni Institute of Midwifery is located in San Diego, California at 3944 Murphy Canyon Road, Suite C-200. Our phone number is 858-694-8194 and the number for the secure fax is 858-694-0196. Our Internet website address is www.nizhoniinstitute.edu

Facilities and Equipment
In addition to modern classrooms and administrative office space, Nizhoni Institute of Midwifery has a Learning Resource Center with simulation models, textbooks, journals, and audiovisual media. Clinic space is available for the supervised practice of midwifery skills.

Approvals, Accreditations, and Memberships
Nizhoni Institute of Midwifery has approval from the Bureau for Private Postsecondary Education to operate as a private postsecondary school in the State of California. This approval is based on provisions of the California Private Postsecondary Education Act of 2009, which became effective on January 1, 2010. “Approval to operate” means that the school is deemed to be in compliance with required state education standards set forth in the California Private Postsecondary Education Act of 2009. For more information, please call the Bureau for Private Postsecondary Education at (888) 370-7589 or visit their website at http://www.bppe.ca.gov.

The Medical Board of California, the state regulatory agency for the practice of licensed direct-entry midwifery, has approved the curriculum of Nizhoni Institute of Midwifery.

Nizhoni Institute of Midwifery is fully accredited by the Midwifery Education Accreditation Council, a United States Department of Education recognized national accrediting agency. For further information, contact MEAC at 360-466-2080, 1935 Pauline Blvd., Suite 100B, Ann Arbor, Michigan 48103 or visit http://www.meacschools.org/.

Nizhoni Institute of Midwifery is an institutional member of the Association of Midwifery Educators, a non-profit organization committed to strengthening midwifery education. For more information about the Association of Midwifery Educators, please visit their website at http://www.associationofmidwiferyeducators.org/.
An Essential Guide to Educational Accreditation

Interest in midwifery education in the United States is steadily increasing as women gain experience with the midwifery model of care. Nizhoni Institute promotes the highest standards in midwifery education and awards a diploma leading to midwifery licensure but does not award a degree. Significant consideration was given to this decision with positive reinforcement from state educational approval agencies.

State approval to grant degrees differs significantly from accreditation. Credits and degrees awarded from schools whose programs are state approved generally cannot be transferred to regionally accredited state and private colleges and universities, which are often exempt from state approval processes by virtue of having achieved accreditation. Accreditation is a voluntary, rigorous process that typically requires several years to complete. Midwifery schools that choose to undergo accreditation do so because of their commitment to excellence in the field.

Some schools are state-approved to grant degrees while others, such as Nizhoni Institute, offer professional diploma or certificate programs. Two regionally accredited colleges in the U.S. currently offer direct-midwifery education programs. Some midwifery schools are nationally accredited by the Midwifery Education Accreditation Council, while others are neither state-approved nor accredited.

Because each of the states in the U.S. governs its educational programs separately, the process of accreditation was developed in order for schools and programs to voluntarily enter a process of quality assurance. In the United States, both national and regional accreditation agencies exist for the accreditation of educational programs and institutions. Regional accreditation is granted by one of six regional accrediting commissions: the New England Association of Schools and Colleges; the Middle States Association of Colleges and Schools; the North Central Association of Colleges and Schools; the Northwest Association of Schools and Colleges; the Southern Association of Colleges and Schools; and the Western Association of Schools and Colleges. Major universities in the United States are accredited by one of these six recognized accrediting commissions. Attendance at a regionally accredited university facilitates the recognition of degrees and credit transfer between these programs, although schools do not guarantee credit transfer.

Students should be aware that not all accrediting associations are legitimate. Diploma mills often form their own “accrediting commissions” and “accredit” their own programs, often with names that are similar to recognized accrediting agencies. Some non-traditional schools also join together to form accreditation organizations, but their accreditation is meaningless when it comes to applying for licensure in a profession.

Fortunately, midwifery has a respected mechanism for accreditation through the Midwifery Education Accreditation Council (MEAC). MEAC is a national accrediting agency and is the only institution recognized by the United States Department of Education for the accreditation of direct-entry midwifery educational institutions and programs. Some states require graduation from an approved midwifery program to sit for licensure; these states rely upon MEAC as the approved educational accrediting body. Graduation from a MEAC-accredited program facilitates the process of becoming a Certified Professional Midwife through the North American Registry of Midwives (NARM). The CPM credential has become the accepted standard for midwives who attend home births and birth center births and is often the requirement for entry-level practice in states where direct-entry midwives are licensed.
An innovative development in midwifery education has been initiated by The Midwifery Institute of Philadelphia University, which now offers advanced placement in their Master of Science in Midwifery program to qualified graduates of MEAC-accredited midwifery education programs who also hold baccalaureate degrees. Both registered nurses and non-nurse graduates who hold a baccalaureate degree from a regionally accredited institution may apply to the accredited master’s degree program at The Midwifery Institute. Graduates of this program are credentialed by the American Midwifery Certification Board either as Certified Nurse-Midwives or Certified Midwives. For additional information on this program, please go to http://www.philau.edu/midwifery/Degree_Options/.

The Midwifery Education Program

Vision Statement

Nizhoni is a Navajo word that conveys the spirit and practice of “the beauty way” as experienced and expressed through living in balance and harmony with the world. As midwives and students we seek that balance as we honor both our valued birthing traditions and our contemporary midwifery and medical knowledge. Graduates of Nizhoni Institute of Midwifery are prepared to function as primary health care providers for women and newborns. As midwives, we bring harmony and balance to childbearing and assist each woman to discover the transformative nature and experience of giving birth. As an institution providing midwifery education, we create and foster a strong commitment to excellence in midwifery care and practice in any given place or circumstance, encouraging midwives and those we serve to embrace and exemplify “the beauty way.”

The Mission of Nizhoni Institute of Midwifery

As our commitment to improving outcomes in birth and health care in the United States and throughout the world, Nizhoni Institute of Midwifery is dedicated to providing current, relevant, and clinically robust education in the art and science of midwifery. Through academic study, individual and group inquiry, and clinical education, students develop midwifery expertise and critical reasoning skills and are prepared as graduates to offer safe, competent, and compassionate midwifery care and leadership in every setting.

The Midwives’ Model of Care

The Midwives’ Model of Care asserts that pregnancy and birth are normal life events. It includes:

- Monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- Providing the mother with individualized education, counseling and prenatal care, continuous hands-on assistance during labor and birth, and postpartum support;
- Minimizing technological interventions; and
- Identifying and referring women who require obstetrical attention.

The application of this model has been proven to reduce the incidence of birth injury, trauma and cesarean section.
Pathways to Midwifery in California

Become a Licensed Midwife
The course of study at Nizhoni Institute of Midwifery is designed to meet the most rigorous requirements for state midwifery licensure.

In California, Licensed Midwives are authorized by law to practice in a variety of settings, including patients’ homes, birth centers, offices, clinics, and hospital settings. California’s standards for midwifery education are among the highest in the nation and Licensed Midwives enjoy a broad scope of practice. State licensed health professionals and direct-entry (non-nurse) candidates are eligible for admission to Nizhoni Institute of Midwifery.

Applicants for California midwifery licensure must complete a postsecondary education program in a midwifery school approved by the Medical Board of California. Upon completion of all educational requirements, including evaluation of clinical experience, the candidate must pass a comprehensive board certification administered by the North American Registry of Midwives, which serves as the California licensing examination.

Alternatively, an applicant for California licensure also may show current licensure as a midwife in another state with licensing standards equivalent to those of the Medical Board of California (Business and Professions Code section 2512.5(b)). In California, Florida, and Washington, strict requirements exist for state-approved formal midwifery education and approved equivalency options. These three states presently offer licensure reciprocity.

A Challenge Process exists to allow experienced midwives an opportunity to obtain credit by examination. California’s new midwifery practice act, which took effect January 1, 2015, now requires all Challenge students to complete didactic coursework in addition to clinical assessment. Maternidad La Luz in Texas and the National Midwifery Institute in Vermont are currently approved to provide Challenge mechanisms. If you believe that you might qualify for such a program, please contact those schools for more information.

Become a Certified Nurse-Midwife or Certified Midwife
Students who are registered nurses may apply to a program approved by the American Midwifery Certification Board (AMCB) of the American College of Nurse-Midwives to become a Certified Nurse-Midwives or CNM. These programs are university-affiliated and usually require a baccalaureate degree as a prerequisite to application; a few will allow nursing students with diplomas or associate degrees to complete a “bridge program” and then immediately enter the nurse-midwifery graduate degree program. Some graduate programs also allow non-nurses with baccalaureate degrees in fields other than nursing to enter an accelerated three-year Master of Science program to become both a registered nurse and a CNM. Most of the CNMs in the United States practice in hospitals.

A few AMCB-approved programs in the U.S. provide education for direct-entry (non-nurse) midwives leading to credentialing as a Certified Midwife. While this credential is legally recognized in five states, it is not accepted in California as a route to midwifery licensure.
Become a Physician Assistant

Another route to working in the field of women’s health care is to become a Physician Assistant (PA-C) with a specialty in obstetrics and gynecology. Physician Assistants work under the supervision of a licensed physician but may have less practice autonomy in comparison to advanced practice nurses and CNMs. Physician Assistant educational programs are university-based; requirements and degrees earned vary between schools.

Overview of the Course of Study

Nizhoni Institute of Midwifery prepares midwifery students to provide excellent care to healthy pregnant women and their newborns, including the ready identification of complications requiring consultation or referral. The program provides a means for students to obtain formal midwifery education while preserving the advantages of midwifery apprenticeship. In several states other than California, midwives may be trained by apprenticeship. Although this is a time-honored method of midwifery training, it has at least two significant weaknesses. First, midwives may not adequately organize, impart, or supervise the acquisition of needed academic information by their apprentices. Second, apprentices will inherit and perpetuate a preceptor’s areas of knowledge deficit and may not have sufficient knowledge or experience to recognize areas of weakness. By combining classroom education with independent and group study, mentorship, and supervised clinical experience, Nizhoni students develop the knowledge and skills essential for safe, entry-level midwifery practice. Our modular learning format allows students to integrate midwifery theory with practice and develop the analytical skills and critical reasoning pathways that provide the foundation for developing higher clinical problem-solving skills.

This program meets its course objectives through guided and independent study, discussion, supervised skills practice, multi-media instruction, computer-based education, and clinical preceptorship. Learning activities are current, relevant, and evidence-based and are designed to synthesize academic education with clinical practice.

The didactic portion of the program is 38 months in length and consists of a minimum of 912 hours of classroom-based study. Clinical skills acquisition occurs via preceptorship with one or more approved clinical faculty members; students are encouraged to obtain clinical experience with multiple preceptors whenever possible and to complete a portion of their clinical experience in a birth center setting. Preceptorship generally begins after a student has completed approximately twelve months in the classroom setting and may take place in the student’s community or at approved clinical sites elsewhere in the United States. Clinical experience consists of a minimum of 2,000 hours of supervised practice with credentialed midwife mentors until all clinical competencies have been satisfactorily completed and evaluated in accordance with state and national accreditation standards. Students are prepared to become Licensed Midwives and to achieve the Certified Professional Midwife (CPM) credential through the North American Registry of Midwives. This credential is the national certification standard for midwives providing professional care in out-of-hospital birth settings.

All classroom and clinical requirements must be satisfactorily completed in order to graduate from Nizhoni Institute of Midwifery. Students may be allowed up to six years to complete the program in order to complete all required clinical competencies or to remediate deficiencies. Students who do not complete the program within six years of the original date of enrollment are automatically withdrawn from the program. If they desire readmission it will be necessary to reapply and retake the entire program; these students are not eligible for advanced placement.
Program Goals of Nizhoni Institute of Midwifery

Nizhoni Institute of Midwifery provides a professional education for students who will promote maternal, infant, and family health for the communities they serve as midwives. In addition to specialist midwifery knowledge and skills, midwives share common knowledge with practitioners of nursing, obstetrics, perinatology, behavioral health, and integrative medicine. Our graduates exemplify personal and professional accountability, promote and protect informed consent, and practice evidence-based midwifery care.

Nizhoni Institute of Midwifery offers a Diploma in Holistic Midwifery Studies with the goal of educating the student whose professional plan is to serve as a Licensed Midwife. Graduates are prepared to:

1. Practice as professional midwives, meeting nationally accepted standards of midwifery practice, to promote the health and well-being of childbearing families and women throughout the life cycle.
2. Provide safe, competent midwifery care to childbearing women and their newborns through appropriate utilization of the Midwives’ Model of Care in primary care, collaboration, and timely and appropriate consultation and referral.
3. Analyze, synthesize, and apply concepts from midwifery, nursing science, obstetrics, integrative medicine, and related methods of systematic inquiry in order to improve maternal, perinatal, and community health outcomes.
4. Evaluate the adequacy of underlying knowledge from midwifery science, related fields, and professional foundations as these inform midwifery practice.

Midwives are prepared for the scope of practice outlined by the MEAC Curriculum Checklist of Essential Competencies, the North American Registry of Midwives certification requirements for Certified Professional Midwives, and the joint mission statement of the Midwives Alliance of North America and the American College of Nurse-Midwives:

"The entry level midwife is a primary health care professional who independently provides care during pregnancy, birth, and the postpartum period for women and newborns within their communities. Services provided by the midwife include education and health promotion. With additional education and experience, the midwife may provide well-woman gynecological care, including family planning services. When the care required extends beyond the midwife’s abilities, the midwife has a mechanism for consultation, referral and continued involvement."

The Course of Instruction

Each module in the midwifery program is completed in one month and the knowledge gained in each module provides the foundation for the next module’s learning activities. There are 38 required modules. Students attend class all day once a week and must complete an internship with one or more approved preceptors. The North American Registry of Midwives certification examination is the final examination required for graduation from the program. Students are in the classroom setting for a minimum of 912 clock hours of didactic instruction and practicum. Completion of the clinical portion of the program requires 2,000 hours of supervised clinical experience with an approved preceptor. The entire program requires a minimum number of 2,912 clock hours of education. Because of the prescribed program structure, enrollment status for all students is considered full time.
**Student Orientation** is provided to acquaint incoming students with the midwifery education program. Students meet with faculty, administrators, graduates, and student representatives from other cohorts to learn what they may expect in the midwifery program.

1. **Foundations of Midwifery** (24 hrs. didactic)
   The introduction to the Midwives’ Model of Care establishes the context for professional midwifery practice. Students discuss the social and political landscape of contemporary midwifery and global, national, and local professional issues. Introduction to evidence-based best practices in midwifery.

2. **Practice Documentation** (24 hrs. didactic)
   Introduction to legal and ethical guidelines for documentation of patient care. Students apply medical terminology to simulated patient care scenarios. Informed consent is introduced as the cornerstone of the midwife-patient relationship.

3. **Midwifery and the Law** (24 hrs. didactic)
   Laws relative to midwifery in the students’ intended areas of practice. Legislative systems as mechanisms for improving the legal climate of birth locally and globally.

4. **Cultural Sensitivity and Communication Skills** (24 hrs. didactic)
   Communication, education, and counseling skills with emphasis on cultural sensitivity, learning styles, social styles, and versatility in human interaction.

5. **Midwifery Research** (24 hrs. didactic)
   Introduction to basic statistical applications used for midwifery and medical studies. Evaluation of research studies for merit and evidence-based practices.

6. **Introduction to Midwifery Skills** (18 hrs. didactic, 6 hrs. practicum)
   Universal precautions, aseptic technique, and basic midwifery skills with skills practice for clinical settings.

7. **Foundations of Reproductive Science** (24 hrs. didactic)
   A review of reproductive anatomy and physiology, genetics, fetal development, and teratogenic complications related to pregnancy with applications to midwifery, preconceptional counseling, and referral to maternal-newborn specialists.

8. **Complete Health Assessment** (18 hrs. didactic, 6 hrs. practicum)
   Detailed midwifery and medical history, evaluation of documentation provided by other health care providers, and performance of the complete physical examination.

9. **Well-Woman Care** (18 hrs. didactic, 6 hrs. practicum)
   Well-woman exam, including Pap testing and vaginal cultures. Evaluation, treatment, and referral for treatment of sexually transmitted diseases. Study of human sexuality and options in family planning.

10. **The Placenta** (18 hrs didactic, 6 hrs practicum)
    The structure and function of the placenta and umbilical cord in normal and complicated pregnancies. A functional overview of fetal circulation and the baby’s transition to extrauterine life after birth.

11. **Nutrition in Pregnancy** (24 hrs. didactic)
    The impact of nutrition in pregnancy, including prevention of complications such as preterm labor, anemia, preeclampsia, and abruptio placenta. The impact of nutrition on perinatal outcomes and long-term health indicators in women and infants.

12. **Diagnostic Testing in the Childbearing Year I** (18 hrs. didactic, 6 hrs. practicum)
    A survey of laboratory testing in pregnancy and introduction to the use of these tests to improve pregnancy outcomes. Students learn phlebotomy skills.
13. Diagnostic Testing in the Childbearing Year II (24 hrs. didactic)
The uses of obstetrical and perinatal technologies in midwifery care. Selection of appropriate
diagnostic tools during pregnancy to improve maternal-infant outcomes.

14. Prenatal Care I (24 hrs. didactic)
Critical reasoning skills relative to facilitating health during pregnancy, provision of midwifery care,
and treatment of common complaints during normal pregnancy. Risk assessment relative to normal
birth is a central focus of this module.

15. Prenatal Care II (18 hrs. didactic, 6 hrs. practicum)
Clinical skills involved in the provision of prenatal care. Students learn about the unique value of
the home visit and explore the psychosocial impact of abuse issues relative to pregnancy, birth, and
perinatal outcomes.

16. Complications of Pregnancy I (24 hrs. didactic)
Recognition and treatment of pregnancy complications from conception to 28 weeks gestation.

17. Complications of Pregnancy II (18 hrs. didactic, 6 hrs. practicum)
Recognition and treatment of pregnancy complications from 28 weeks gestation to term.

18. Assessment of Fetal Well-Being (18 hrs. didactic, 6 hrs. practicum)
Low- and high-tech approaches to the assessment of fetal well-being, including the indications for
consultation and referral in the presence of complications.

19. Normal Labor and Birth (24 hrs. didactic)
The significance of neuro-hormonal pathways relative to labor and common variations that occur in
normal childbirth.

20. Intrapartum Care (24 hrs. didactic)
Skills to support the laboring woman and development of practices, skills, and attributes required to
assist a primary midwife during labor, birth, and the immediate postpartum period. Introduction to
fetal heart rate patterns and monitoring in labor.

21. Pharmacology I: Intro. To Biomedical Pharmacology (18 hrs. didactic, 6 hrs. practicum)
Biomedical pharmacological treatment of problems during pregnancy, birth and the postpartum period.
Correct techniques for administration of medications.

22. Pharmacology II: Intravenous Therapy for Midwives (18 hrs. didactic, 6 hrs. practicum)
Applications of basic chemistry to fluid and electrolyte balance. Selection and administration of IV
fluids during pregnancy, labor, birth, and the postpartum periods.

Introduction to theories and philosophies of Chinese medicine, acupuncture, and acupressure, with
applications to pregnancy and well-woman care.

24. Pharmacology IV: Homeopathy for Midwives (12 hrs. didactic, 12 hrs. practicum)
Foundation principles of homeopathic practice with techniques for acute prescribing for mothers
and infants.

25. Pharmacology V: Botanical Medicine (12 hrs. didactic, 12 hrs. practicum)
Botanical pharmacology as applied to women’s health care. Students learn practical skills for making
herbal preparations of all types.

26. Pharmacology VI: Intravenous Skills Practicum (12 hrs. didactic, 12 hrs. practicum)
Techniques for starting an intravenous infusion. In combination with Pharmacology I, satisfies
requirements for Intravenous Therapy Certification standards for midwifery practice in California and
other states.
27. **Perineal Integrity and Repair** (12 hrs. didactic, 12 hrs. practicum)
   Preservation of the perineum, lacerations, episiotomy, and techniques of perineal repair. Sterile technique, selection and use of sutures and surgical equipment, administration of local anesthesia, and use of both hand and instrument ties.

28. **Intrapartum Complications I** (18 hrs. didactic, 6 hrs. practicum)
   Treatment of complications of labor and birth, including dysfunctional labor, recognition and evaluation of abnormal fetal heart rate patterns, meconium staining, and the needs of clients planning a vaginal birth after cesarean section.

29. **Intrapartum Complications II** (18 hrs. didactic, 6 hrs. practicum)
   Comprehensive overview of the management of complications of labor and birth, including hospital transport, recognition and treatment of shock, assisted and operative deliveries, hemorrhage, placental abnormalities, and shoulder dystocia.

30. **Intrapartum Complications III** (18 hrs. didactic, 6 hrs. practicum)
   Continued overview of the management of complications of labor and birth, including malpresentations, emergency breech births, and multiple gestation. Considerations of vaginal birth after cesarean section.

31. **The Postpartum Period** (24 hrs. didactic)
   The normal postpartum course with recognition and treatment of postpartum complications and application of appropriate practice guidelines.

32. **Care of the Normal Newborn** (18 hrs. didactic, 6 hrs. practicum)
   Indicators of normal neonatal transition and effective practices for stabilizing the baby after the birth. Complete newborn physical examination and care of the infant during the first six weeks of life, including metabolic screening and referral.

33. **Complications of the Neonatal Period I** (18 hrs. didactic, 6 hrs. practicum)
   Neonatal complications and guidelines for treatment and referral of babies with complications to hospital-based providers.

34. **Complications of the Neonatal Period II** (18 hrs. didactic, 6 hrs. practicum)
   Continuation of Module 34, including support of women and their families when outcomes are difficult.

35. **Infant Feeding** (24 hrs. didactic)
   Biologic breastfeeding and management of common complications of nursing. Local and global politics that affect patterns of infant nutrition.

36. **Midwifery Care in a Global Context** (18 hrs. didactic, 6 hrs. practicum)
   Review of research regarding measures of maternity quality improvement in order to examine trends and disparities in benchmarks of maternal-newborn and community health care. Consideration of global, national, and local health care services to improve access to midwifery resources.

37. **Birth Disaster Preparedness Training** (6 hrs didactic, 18 hrs practicum)
   Recognition of high-risk pregnancies and management of obstetrical emergencies in out-of-hospital, low-resource settings. Disaster preparedness simulation exercises that require students to apply concepts and skills acquired over the duration of their educational program.

38. **The Midwifery Practice** (24 hrs. didactic)
   Market analysis, business plan development, practice marketing, insurance coding and billing, and tax requirements for midwifery practices.
Integration Phase
The Integration Phase allows students additional time to complete necessary graduation requirements, including supervised internship, during which the student functions as the primary midwife under supervision. An Integration Phase lasts a minimum of three months and varies in structure according to the needs of the individual student. To aid in successful completion of the midwifery program, students entering the Integration Phase may be asked to complete an Individualized Learning Contract to clarify their academic and clinical goals.

ADMISSIONS AND ENROLLMENT

Admissions Criteria and Selection of Candidates
Nizhoni Institute of Midwifery offers small classes with high levels of interaction between students, faculty, and program administrators. Students are admitted to a cohort that progresses through and completes the midwifery education program as a group, one course at a time. Because of this approach to education and the limited number of available spaces, admission to the program is competitive.

Applicants must be 18 years or older at the time of enrollment and provide acceptable legal documentation of their date of birth at the time the Enrollment Agreement is signed. At present applicants must be permanent residents of the United States.

Students who wish to enroll at Nizhoni Institute of Midwifery must complete and submit an application for admission to the program. References and official transcripts must be submitted directly from the reference or the institution to Nizhoni Institute’s administrative offices.

Applications are accepted between January 1 and June 1 of each year for every incoming cohort. Applications received after that date may be accepted on a space-available basis. An early decision option is available to applicants who express a need for early decision to the program and for especially well-qualified applicants who may be making enrollment decisions between multiple programs.

Detailed application essay questions provide an opportunity for the Admissions Committee members to form an impression about the applicant’s interests and background related to health care. Applicant interviews are required for the midwifery education program and may be conducted by telephone or in person.

California law requires that applicants to the program who have not yet completed an associate degree or higher must document completion of high school education via a high school diploma, high school transcript, the California High School Proficiency Examination (CHSPE), GED, or other state-recognized equivalency route. Applicants who are unable to provide documentation of high school graduation or approved equivalency must pass the CHSPE or an equivalent mechanism prior to admission to the program. Admissions preference may be extended to candidates with a regionally or nationally accredited baccalaureate degree or higher.
Applicants must complete introductory college-level coursework with a grade of “C” (2.0) or higher in the following classes prior to application to the program:

1. Human Anatomy and Physiology
2. Introduction to Microbiology
3. Medical Terminology

2. Current (as of the student’s date of official enrollment), official documentation of certification in Basic Life Support. This should not be an online-only program.

3. Completion of a labor doula training from an approved doula education program

Prospective students should contact Nizhoni Institute for specific program recommendations that fulfill the above requirements.

Selection criteria for admission are scored by Admission Committee members. Selection is made by the Admissions Committee by August 1st of each year. Criteria include:

1. Realistic assessment of stressors inherent to midwifery education and practice
2. Plans for meeting personal and family needs, including a support system
3. Evidence of previous academic success as demonstrated by academic performance history, completion of certification programs, etc.
4. Oral and written communication skills in the English language
5. Attention to detail, as evidenced by completion of application process
6. Birth-related experience
7. References
8. Realistic plans for meeting financial expenditures related to school
9. Foreign language competency
10. Additional admissions points are given to students with a baccalaureate degree or higher from a regionally accredited university.

Nizhoni Institute of Midwifery encourages applications from prospective students of diverse backgrounds and does not discriminate on the basis of ethnic origin, race, gender, marital status, sexual orientation, age, creed or physical ability. However, all students must be able to perform the cognitive and physical skills for direct-entry midwifery care specified in the core competencies delineated by the North American Registry of Midwives.

Physical attributes that all students must have in order to be able to effectively perform the functions of a midwife include, but are not limited to, the ability to:

1. Hear soft sounds, e.g., fetal heart tones, cardiac murmurs, and breath sounds
2. Lift and/or turn patients who may be of greater size and/or weight
3. Concentrate and focus for long periods of time on complex tasks and/or on material that may be difficult to understand
4. Visualize objects that are close at hand, either with the naked eye or with corrective lenses
5. Use cognitive skills, fine motor skill dexterity, and hand-eye coordination to perform complex tasks such as palpation, phlebotomy, suturing, adult and neonatal resuscitation, insertion of IV lines, and basic and complex obstetrical maneuvers
6. Maneuver quickly in small or cramped spaces
7. Change physical positions quickly in response to the needs of a pregnant or laboring woman
8. Communicate in such a way as to be understood by others
9. Write legibly or type
10. Read and comprehend technical materials written at college and professional levels of comprehension.
Nizhoni Institute of Midwifery can assist in making reasonable accommodations for students with disabilities. The prospective student must provide a formal statement of diagnosis from a qualified practicing primary care provider. This statement must include the student’s projected needs regarding necessary accommodations.

*Be advised in advance of your application to Nizhoni Institute of Midwifery that state health care licensing boards perform criminal background and fingerprint checks of all midwifery licensure applicants.* Prospective students are asked to disclose upon application any previous or current felony convictions. Students with a previous or current felony conviction will not be accepted to Nizhoni Institute of Midwifery. An applicant who has been convicted for crimes against persons, drug-related activity, custodial interference, health care fraud, and crimes relating to financial exploitation, including the misuse of public funds, is unlikely to obtain a midwifery license California or any other state. If you have questions, contact your state licensing authority for clarification of their policies concerning criminal history prior to making application to this program.

Classes at Nizhoni Institute of Midwifery are taught in English at a college level of writing, speaking, and comprehension. Nizhoni does not provide English language services and classes in other languages are not currently available. If an applicant’s native language is not English, the applicant must take the TOEFL (Test of English as a Foreign Language) examination or the examination for the International English Testing System (IELTS). An acceptable score for the TOEFL is 79 or above for the Internet-based exam or a score of 550 or above for the paper-based version. An acceptable overall band score for the IELTS is 6.5. Scores must be submitted to Nizhoni Institute directly from the testing agency.

**A student may be exempt from the TOEFL or IELTS exam** if s/he has:

1. Earned a high school diploma, associate of arts or sciences or baccalaureate or graduate degree from a U.S. school or in another country in which English is the primary language.
2. Passed the California High School Proficiency Examination (CHSPE) or received the General Education Development (GED) certificate.
3. Successfully completed 12 quarter or 8 semester credits of arts or sciences courses conducted in English (not including classes in English as a Second Language) from a regionally or nationally accredited college or university in the United States or Canada. Each course must be completed with a 3.0 GPA or above (on a 4.0 scale).

At least two members of the Admissions Committee evaluate and score each application. An Admissions Scoring Tool is used to evaluate each applicant. Higher-scoring candidates receive priority for acceptance over lower-scoring candidates.

**In order to enroll in Nizhoni Institute of Midwifery, a student must:**

1. Meet all eligibility criteria for admission
2. Complete the Application for Admission and provide all supporting documentation
3. Complete an admissions interview by telephone or in person
4. Accept an offer of enrollment to Nizhoni Institute of Midwifery
5. Initial, date, and sign the School Performance Fact Sheet, Policies and Procedures signature pages, and complete, initial, date, and sign the Enrollment Agreement.
6. Pay application and enrollment fees, tuition, and institution sustaining fees.
Transferring Credit Between Institutions

Health care professionals may be eligible for advanced placement. Nizhoni Institute of Midwifery may accept for transfer credit-equivalent, completed courses from institutions accredited by agencies recognized by the United States Department of Education and/or the Council for Higher Education Accreditation. These include but are not limited to the Midwifery Education Accreditation Council, the National League for Nursing Accrediting Commission, the Commission on Collegiate Nursing Education, the Commission on Accreditation for Respiratory Care, the Commission on Accreditation in Physical Therapy Education, the Division of Accreditation of the American Midwifery Certification Board, the Accreditation Review Commission on Education for the Physician Assistant, the Accreditation Commission for Acupuncture and Oriental Medicine, the Commission on Osteopathic College Accreditation, and the Association of American Medical Colleges.

Canadian midwifery education programs are accredited by the Colleges of Midwifery in each province. Transfer courses from midwifery education programs accredited by a recognized College of Midwifery in Canada may be accepted.

To be accepted for transfer, a course must carry a passing grade sufficient for licensure in the candidate’s profession (“C” or 2.0 or better). In order to support a determination of equivalency with courses at Nizhoni Institute of Midwifery, applicants may be asked to provide course descriptions via a course catalog or detailed transcripts for the years attended in their professional licensing program. Internationally educated healthcare professionals from countries in which English is not the primary language must have transcripts evaluated by a recognized international credentialing evaluation agency. Individuals with prior extensive midwifery experience may be eligible to seek licensure by completing a California Challenge Program approved by the Medical Board of California. Nizhoni Institute does not have a California Challenge Program at this time.

Special regulations regarding transfer of academic credit exist for U.S. veterans with previous postsecondary education experience. Please request Appendix VA if you are a veteran who is interested in attending Nizhoni Institute using GI Bill benefits.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION. The transferability of credits you earn at Nizhoni Institute of Midwifery is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the diploma you earn in the Holistic Midwifery Studies program is also at the complete discretion of the institution to which you may seek to transfer. If the clock hours or diploma that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer to determine if your diploma or clock hours will transfer.
ACADEMIC STANDARDS AND INFORMATION

ADVANCED PLACEMENT OPTIONS

Advanced Placement Students
Nizhoni Institute of Midwifery recognizes that licensed health care professionals who are not primary care providers may be qualified to enter a direct-entry midwifery education program as Advanced Placement students due to their specialized levels of education and professional competency. This category includes registered nurses, licensed vocational nurses, physical therapists, and respiratory therapists with current, unrestricted professional licensure. Medical assistants, nurse assistants, holistic health practitioners, and massage therapists are not accepted for Advanced Placement. Internationally educated nurses must first become licensed in the United States in order to apply to the midwifery program as Advanced Placement students.

Advanced Placement students may be eligible to waive selected classes within the midwifery education program. Professional licenses and certificates must be current, legible, unencumbered, and verifiable from a U.S. state or territory (Guam, Virgin Islands, Puerto Rico, American Samoa, or the Northern Mariana Islands). Advanced Placement students are required to attend all remaining modules of the midwifery education program unless granted an exception by the Executive Director and Dean of Students for documented professional experience or certifications gained in the course of the student’s professional responsibilities.

When all clinical and didactic requirements have been satisfactorily completed, Advanced Placement students are eligible to take the North American Registry of Midwives (NARM) examination and may apply for the Certified Professional Midwife credential as a graduate of a MEAC-accredited midwifery education program. In order to be licensed as a midwife in California, the Medical Board of California requires students to graduate from an approved midwifery education program and to pass the NARM Examination.

The Interprofessional Midwifery Bridging Program
Nizhoni Institute of Midwifery is in the process of seeking MEAC approval for an individualized advanced placement pilot program for licensed health professionals who are also licensed primary care providers. This program is known as the Interprofessional Midwifery Bridging Program or IMBP. Students accepted for the IMBP may include but are not limited to the following categories: certified midwives, nurse practitioners, physician assistants, naturopathic physicians, doctors of medicine and osteopathy, licensed acupuncturists, chiropractic physicians, and internationally educated midwives and physicians.

For more information regarding the IMBP, please contact an Executive Director at Nizhoni Institute of Midwifery.
Progression through the Program
Midwifery students enter and complete their midwifery program as a cohort, taking each module in sequence. A new module is completed each month, and each new module builds upon previous midwifery skills and instruction. This form of study creates a cohesive and logical structure within the program and avoids gaps in learning that may occur when students take courses out of sequence.

Students are expected to complete the didactic portion of their coursework within the time allotted for it. A maximum of six years from the date of initial enrollment may be taken for completion of all clinical skills necessary to achieve entry-level competency in midwifery skills.

Clinical Education Opportunities: Preceptorship
Nizhoni students complete clinical preceptorships with an approved preceptor as part of their midwifery education. Students without previous midwifery experience generally complete the first twelve modules before beginning their clinical experience. Students may interview with prospective preceptors and arrange their own preceptorships but all preceptors must be approved by Nizhoni Institute prior to the start of the preceptorship experience. The student’s preceptorship may take place in the student’s community or at an approved clinical site. Preceptorship is comprised of approximately 2,000 clock hours of supervised clinical practice and must be at least twelve months in duration. Nizhoni Institute recommends that students work with at least two preceptors over the course of their clinical education to provide the student with the opportunity to experience multiple practice styles and to minimize knowledge deficits. At least one of these preceptorship experiences must be with a midwife. The student will remain in preceptorship until all clinical competencies have been satisfactorily completed in accordance with the requirements of Nizhoni Institute of Midwifery, the Midwifery Education Council, and the North American Registry of Midwives.

Qualified preceptors are those who meet the requirements of the North American Registry of Midwives, the Midwifery Education Accreditation Council, and Nizhoni Institute of Midwifery. Midwifery preceptors are clinical faculty members. Clinical faculty practicing in California or in any other state in which licensure is mandatory must be legally recognized in that state as a health care provider specializing in maternity care. Midwives offering clinical education in other states or countries may be:

- A nationally certified midwife (CPM, CNM or CM); or
- A provider legally recognized in a jurisdiction, province or state as a practitioner who specializes in maternity care; or
- A midwife who has been practicing as a primary attendant without supervision for a minimum of three (3) years and fifty (50) out-of-hospital births.

Students may also work with physicians with current training and practice in obstetrics and with licensed naturopathic physicians holding dual licensure in midwifery (ND-LMs). Practitioners at birth centers and other facilities must meet standards set by MEAC, NARM, and Nizhoni Institute of Midwifery.

All prospective preceptors must be approved by Nizhoni Institute of Midwifery through evaluation and verification of the provider’s credentials. The North American Registry of Midwives may also request information from preceptors, including copies of client charts, practice guidelines, informed consent documents, handouts, and emergency care plans in order to verify a student’s clinical experience and preceptor credentials.
For the protection of the client, the midwifery student and the supervising midwife, all preceptors must agree to provide Nizhoni students with physical on-site supervision as they provide clinical care for midwifery clients. Violation of this rule is cause for termination of the preceptorship agreement. Preceptors should have a sufficient number of clients so that students are able to complete their clinical experience requirements. Inasmuch as students are required to perform well-woman care skills, it is recommended that students work with a preceptor who provides full-scope midwifery care, including well-woman care. When possible, Nizhoni Institute of Midwifery may assist the student in locating an appropriate preceptor. However, due to the nature of midwifery practice, it is not possible for the program to guarantee to each student that all clinical experiences will be completed within the three-year time period after initial enrollment.

Some clinical faculty members may charge the midwifery student a separate fee for the preceptorship. However, many do not, feeling that the work provided by the student is fair exchange for clinical instruction provided by the preceptor. Nizhoni Institute of Midwifery does not pay for a student’s preceptorship experience. Students should carefully consider the terms of any prospective preceptorship and structure the arrangement as a written contract with clear terms agreeable to all parties.

Because California Licensed Midwives are able to provide clinical care in any setting, Nizhoni encourages students to explore available options for obtaining clinical experience in freestanding birth centers and hospitals as well as in clients’ homes. Nizhoni has clinical site agreements with several birth centers in a variety of locations in the United States and is working to develop similar agreements with selected hospitals. Most birth centers charge the student a separate fee for clinical education. These costs vary widely. In all clinical settings, students must be supervised by a qualified, approved preceptor who provides direct supervision and is physically present in the same location as the student when clinical skills are being performed.

If you are interested in obtaining clinical experience at a birth center as part of your midwifery education at Nizhoni, please contact the Executive Director or Dean of Students early in your educational process to obtain information about these options.

Classroom Attendance

1. Students meet together in class with an instructor once each week for an entire day. Periodically, students will be required to attend skills days to practice and document clinical skills. Students obtain supervised clinical experiences with approved preceptors, which includes prenatal care, labor and birth care, postpartum and newborn visits, and well-woman gynecologic care.

2. Nizhoni Institute recognizes that students in the program are adult learners who will maintain on-call schedules for midwifery-related clinical activities. Therefore, the institution does not maintain a universal policy for didactic class attendance. However, faculty members may separately establish attendance requirements for individual modules. Planned absences must be cleared with an Executive Director at least one month in advance of the event so that students avoid extended absences, missed examinations, etc. (See Section 6.) Students are responsible for the information and material missed during their absences and must make arrangements to complete missed examinations or fulfill the assignments required by the instructor.
A student may be required to repeat a module or make other approved arrangements for completing module requirements if:

a. The student has an excessive number of unexcused absences in a module for which a faculty member has established attendance requirements or
b. The student habitually arrives late to class or leaves early (see Section 8) or
c. The student is unable to successfully pass or complete the evaluation mechanisms for the module

3. Special classroom and clinical attendance requirements exist for United States veterans using G.I. Bill benefits. Federal law requires veterans to adhere to all attendance requirements throughout the duration of the program in order to retain benefits. The Dean of Students will discuss these requirements with the veteran and will strictly adhere to federal reporting requirements throughout the veteran student’s course of study.

Licensing boards in some states may also delineate specific attendance requirements for midwifery students. The student intending to apply for licensure in states such as these is responsible for notifying both the faculty member and the Executive Director of the need to document attendance.

4. An absence is considered excused under the following circumstances:

a. Illness of the student midwife
b. Illness of the student midwife’s immediate family member when the student has care-giving responsibility
c. Legitimate personal emergency, including death in the immediate family.
d. Doula birth or documented birth with an approved preceptor. Attendance at births is documented via the student’s Birth Attendance Log and must be countersigned by the student’s preceptor(s) or witness to the birth.
e. Professional midwifery conference or workshop. Students desiring to attend a professional conference or workshop must receive advance approval from an Executive Director to attend and must arrange with the instructor to meet the requirements of assignments given during that period.
f. Religious holidays for which advance notice is given to the instructor. If an examination or presentation falls on a student’s religious holiday, the student must make alternate arrangements with the instructor to complete the examination or assignment in a timely manner.
g. Midwifery clinical intensives in a geographic area 75 miles or more from the student’s clinical preceptorship site. Attendance at midwifery clinical intensives must be arranged in advance with the preceptor and coverage arrangements acceptable to the preceptor must be arranged (see 4d above).

5. In situations involving illness, personal emergency or attendance at a birth, the student is required to notify the faculty member by leaving a message via voicemail, text message, or email informing the faculty member of the situation prior to the start of class. The faculty member or administration may require documentation of the absence upon the student’s return.
6. **Regardless of the reason for an absence, all class modules are to be completed and submitted according to the dates specified by the faculty member.** If the student requires an extension for completion of coursework, the request for an extension must be submitted in writing to the faculty member and an Executive Director. An Individualized Learning Contract (ILC) will be established with the student and maintained in the student’s file, along with the date of completion.

7. If a student misses more than the stated requirements for a class, this may adversely impact the student’s grade in the class. In such cases, the student will be required to set up an ILC which may include repeating missed coursework with an available cohort prior to graduation.

8. Tardiness is defined as arriving 10 or more minutes late for the start or leaving 10 or more minutes prior to the end of a class with specified attendance requirements. Because habitual tardiness adversely affects a student’s academic performance, it will be documented as part of the student’s permanent record and may necessitate repeating the module with another cohort prior to graduation.

9. In the event of an unplanned school closure for weather-related reasons or other emergencies, students will be required to make up missed coursework and will be granted an extension by the faculty and administration. If the closure is too long to make up missed work within the duration of the module, the school reserves the right to extend the duration of the program to provide the necessary time for completion.

**Clinical Attendance**

1. Midwifery students may begin obtaining clinical experience with their designated, approved preceptor(s) upon approval from the Executive Director of Nizhoni Institute of Midwifery. Students without prior midwifery-related clinical experience are admitted to an available preceptorship after approximately one year of didactic learning in the midwifery education program. Students can expect to obtain clinical experience with two or more approved preceptors.

2. Once a student is admitted to the clinical portion of the program and assigned to a preceptor, the student will attend prenatal clinics, home visits, labors/births, postpartum/newborn visits, and well-woman care visits with the approved clinical faculty member(s) unless excused by the preceptor. **In preceptorship, each clinical experience is specifically documented according to classification, time spent, and encoded client identifier.**

3. Student clinicians are required to attend at least 80 percent (including excused absences) in each assigned preceptorship in order to receive a grade of Achieved Competency for a preceptorship. Approved program holidays do not count against the attendance requirement. A student who does not attend at least 80 percent of her or his preceptorship(s) will be required to set up an Individualized Learning Contract (ILC) to complete the missing hours with an approved preceptor. The contract will specify the time allotted for completion. If the student fails to complete the terms of the ILC, the student’s status will be changed to Withdrawn in Poor Standing. (See Nizhoni Policy and Procedure Regarding Academic Progress.)
4. An absence is considered excused under the following circumstances:
   a. Illness of the student midwife (documentation of illness may be required).
   b. Illness of the student midwife’s immediate family member when the student has care-giving responsibility (documentation of illness may be required).
   c. Legitimate personal emergency, including death in the immediate family.
   d. Doula birth or documented birth as an assistant with an approved preceptor. Attendance at births is documented via the student’s Birth Attendance Log and must be countersigned by the student’s preceptor(s) or witness to the birth. Documentation must include the time of birth and the date and time the student arrives and leaves the site of the birth.
   e. Professional midwifery conference or workshop. Students desiring to attend a professional conference or workshop must receive advance approval from an Executive Director to attend and must also arrange with the clinical faculty member to meet the requirements of any assignments given during that time period.
   f. Religious holidays for which advance notice is given to the instructor. If an examination or presentation falls on a student’s religious holiday, the student must make alternate arrangements with the instructor to complete the examination or assignment in a timely manner.
   g. Midwifery clinical intensives in a geographic area 75 miles or more from the student’s clinical preceptorship site. Attendance at midwifery clinical intensives must be arranged in advance with the preceptor and coverage arrangements acceptable to the preceptor must be arranged (see 4e above).

5. In situations involving illness, personal emergency or attendance at a birth, the student is required to call the preceptor or leave a message via voicemail or email for the preceptor informing her or him of the situation as soon as the student is able to do so. Documentation may be required upon return from the excused absence. Absences for conferences, religious holidays or geographically removed midwifery clinical intensives must be planned for and approved in advance of the event (Section 4).

6. If a student misses more than the stated requirements for attendance at clinical experiences this will impact the student’s ability to complete the requirements for graduation, licensure and certification. If the student falls below the 80% required attendance level, the student will be required to set up an ILC with the preceptor and Nizhoni Institute of Midwifery.

7. Tardiness is defined as arriving 10 or more minutes late for the start of clinicals or leaving 10 or more minutes prior to the end of clinicals without prior agreement with the clinical faculty member. Habitual tardiness may impact the student’s ability to complete the preceptorship. Habitual tardiness will be documented and the student will be required to establish an ILC to obtain missed clinical experiences; this may include repeating missed clinical opportunities with another preceptor.

8. Clinical faculty members will provide regular reports to the Dean of Students regarding each student’s clinical progress in the program. The preceptor will also inform the Dean of Students if the student is not progressing in the clinical setting. If the student appears to be a danger to clients, the preceptor will take action to correct the situation, document the incident in detail and notify the Dean of Students as quickly as possible.
9. Midwifery students should expect to obtain clinical experience in at least two types of birth settings; most of the time this will take place in client homes and in birth centers. On occasion, students may be able to obtain observational experience in hospital settings.

Standards of Student Professional Conduct

Nizhoni Institute maintains high standards of student professional conduct. Students must refrain from alcohol and substance abuse, abusive behavior, sexual harassment, and professional misrepresentation. Patient confidentiality is to be carefully maintained at all times. Policies and procedures regarding academic integrity likewise exist to promote the highest standards of academic research and scholarship. Prior to enrollment into the program, students are provided with a detailed copy of these policies and procedures and agree to observe and uphold these standards.

Midwifery students are preparing for professional careers and should wear appropriate attire and dress in a manner that helps clients to feel at ease and that will support efforts to reduce the spread of pathogenic organisms. In clinical settings, students should wear clothing that is clean, modest, well fitting, and in good repair. Underclothing should not be visible. At births, student midwives should wear fluid-resistant scrubs to reduce their risk of contact with blood and body fluids. Closed-toe shoes should also be worn at births. Students should bring a “jump bag” with an extra set of scrubs, street clothing, and personal items, including deodorant and a toothbrush, to each birth. Scrubs must be washed between clinical activities and are not to be worn in non-clinical public settings such as shopping malls, grocery stores, etc. Students may wear wedding and engagement rings; a watch with a sweep second hand is mandatory in clinical settings. Students may not wear nail polish or acrylic nails; fingernails are not to extend beyond the tips of the fingers. Hair is to be kept clean and off the collar at clinic days, births, and postpartum exams. Makeup should be tasteful and simple. Preceptors may require students to cover visible body art or remove hardware if they feel that this may offend their clients, as their needs supersede individuals’ needs for self-expression within clinical settings. Students are to use appropriate hygiene, protective gear and clothing during all clinical activities.

Academic Integrity

Nizhoni Institute of Midwifery provides an opportunity for students to work both individually and collaboratively to draw from and enlarge the body of knowledge that uniquely comprises the profession of midwifery and the Midwives’ Model of Care. Students are challenged to explore, develop, and synthesize midwifery knowledge via textbooks, Internet learning, lectures, discussions, and individual research. The student’s work leads to proficiency in entry-level midwifery knowledge and clinical skills. A key function of the educational program at Nizhoni Institute is to foster an abiding appreciation for the value of continued, rigorous, evidence-informed academic investigation throughout the remainder of one’s professional involvement in midwifery.

1. Nizhoni Institute of Midwifery recognizes that midwifery is a profession that demands the very highest standards of individual and professional (group) accountability. Our program therefore encourages cooperation, collaboration, and rigorous academic inquiry among students while avoiding a grading system that would require any student to fail the program just so that other students might succeed. Cheating on examinations, enrolling another individual in doing work submitted for credit, and other forms of academic dishonesty rob the offending student of personal integrity and intellectual accountability. Cheating and facilitating cheating are clear violations of academic integrity and will result in dismissal from the program.
2. Students are often encouraged to collaborate in order to complete extensive group assignments. Students will be informed regarding the extent to which they may collaborate on an assignment so that they are aware of which sections are to be completed independently and which may be done collaboratively. If the student is unclear about the assignment, or the extent to which collaboration is allowed, s/he should ask for clarification from the instructor.

3. Throughout the midwifery program, Nizhoni students are exposed to a number of new ideas and conduct an extensive amount of personal research from a wide variety of texts and Internet sources. Therefore, students are required to identify and cite the original sources for all written work to create a body of information that is available for future reference. Citing sources will also prevent acts of plagiarism. Plagiarism is the unacknowledged use of a source or idea, published or not, that does not originate with the author. Plagiarism is a violation of the academic standards at Nizhoni Institute and may result in dismissal from the program.

4. Students who need help during the course of their midwifery program are strongly encouraged to speak with an Executive Director or the Administrator for assistance. Excellent online resources on maintaining academic integrity are available. Please contact the Dean of Students or the Executive Director for more information on these resources.

Academic Progress and Student Grading Policies

1. California law pertaining to midwifery licensure requires graduation from an approved midwifery education program that is a minimum of three years in duration, unless the student completes a Challenge Process approved by the Medical Board of California. Nizhoni Institute of Midwifery recognizes that, because of personal illness, pregnancy, family emergencies or other considerations, a student may need time to complete all graduation requirements beyond the three-year minimum specified by California state law. Students are allowed up to six years from the original date of enrollment to complete the program. After completion of the 38-month didactic portion of the midwifery education program, students who need additional time to complete academic and/or clinical program requirements are required to:
   a. Maintain current records with their clinical preceptor regarding progress through the program, including clinical skills satisfactorily completed.
   b. Participate in regular formal reviews of progress with the Dean of Students.

   Failure to complete the midwifery education program within six years of the original date of enrollment results in automatic withdrawal from the program. Students who must withdraw for failure to complete the program within six years and who still desire to pursue studies at Nizhoni Institute of Midwifery must apply for readmission and will be required to retake the entire program. These students are not eligible for advanced placement.

2. Academic performance is assessed as “Passed”, “Not Passed,” or “Honors.” “Passed” is equivalent to a grade of 80% or “B” on standard percentage grading system, where 90-100% is an A, 80-89% is a B, etc. A student who does not achieve a score of 80% or above or does not pass an assignment in a module does not receive credit for that module. She or he must complete an Individualized Learning Contract (ILC) for the module or make arrangements to repeat the module with the next available cohort. Refusal to comply with the terms of an ILC is grounds for a student to be withdrawn from the program.
Students who demonstrate exceptional scholarship or achievement in a module may earn a grade of Honors for that module.

3. Examinations on course material are given frequently. Open-book examinations may be administered electronically or as non-proctored pencil-and-paper exams. Examinations are also administered periodically as proctored, closed-book, timed tests within the classroom setting. Closed-book examinations are graded and results are made available to the students. A passing examination score is 80% or higher. If a student does not pass an examination, the exam or a portion there of will be retaken once at a time agreed upon by the student and faculty member. If the student does not pass the examination a second time, the student must complete an ILC and fulfill its terms in order to receive credit for that module.

4. **Academic Evaluation** is based on assessment of learning activities specified within each module. These assessments may include but are not limited to:
   a. Written examinations
   b. Focused discussions with clinical and academic faculty
   c. Case studies
   d. Class projects and group research activities
   e. Student teaching exercises
   f. Problem-based learning activities
   g. Faculty evaluation of student’s critical reasoning pathways
   h. Participation in class discussions
   i. Classroom-based skills demonstrations/return demonstrations
   j. Student presentations
   k. Simulation exercises
   l. Assessment of student-authored midwifery management plans
   m. Reflective activities and analyses
   n. Decision-making games
   o. Direct observation in clinical settings

5. Nizhoni Institute of Midwifery, the Midwifery Education Accreditation Council, the North American Registry of Midwives, and the State of California delineate the skills that are required for entry-level practice as a Licensed Midwife. A clinical rubric is utilized for assessment of student performance. The student is deemed to have passed a clinical skill when s/he can perform or demonstrate the skill with confidence. If the student requires step-by-step direction or correction from the preceptor in order to perform the skill, additional experience will be required.

6. **Academic Progress** is tracked within the program and is confidential. Results are available to students at the end of each module. Information regarding an individual student’s academic progress includes scores and grade point averages, cumulative grade point average, evaluation of classroom and clinical attendance where applicable, current academic status (Good Standing or Academic Probation), with periodic feedback from faculty members with recommendations for improvement. Regular performance evaluations are conducted between the students and the Dean of Students and Executive Director. Evaluations are signed by the student and evaluator(s) and documented in the student’s academic file.
Nizhoni Institute of Midwifery denotes student academic status as follows:

**a. Good Standing**

A student in Good Standing fulfills all of the following requirements:

1. Is current on all assignments.
2. Maintains satisfactory academic performance as evidenced by a grade point average of 3.0 or higher on the standard grading scale.
3. Meets attendance requirements for didactic courses and clinical preceptorship.
4. Satisfies all financial obligations to the institution.

**b. Academic Probation**

Students with unsatisfactory academic and/or clinical performance are automatically placed on Academic Probation. A student on Academic Probation is required to sign an Individualized Learning Contract (ILC) and may be held to other evaluative criteria specific to the situation.

If a student does not make arrangements in advance with faculty for an extension secondary to an excused absence or does not complete the assignments, examinations, or attendance requirements for a module within the time allotted for completion, the student may request an “Incomplete” grade for that module. This is done by petitioning the instructor and the Executive Director in writing for a grade of “Incomplete” within one week after the module is completed or the assignment was due, whichever is later. The student is automatically placed on Academic Probation. The student and Executive Director formulate an ILC for completion of the module, which specifies:

1. The assignment(s) or portion of assignment(s) to be completed;
2. A revised date of completion for the module requirements; and
3. Any changes in assessment criteria that may be necessary in order to reasonably evaluate the student’s progress.

An “Incomplete” course must be completed with a score of “Passed” within the time delineated in the Individualized Learning Contract (ILC). Conditions of an ILC may include retaking the module with the next available cohort, provided the module is available within a two-year period. Inasmuch as the student is already on Academic Probation, a student who does not meet the terms of an ILC, including the planned date of completion, is assigned a grade of “Not Passed” as the grade for that module and may be subject to withdrawal from the program for unsatisfactory academic performance.

A student may not have more than two open Individualized Learning Contracts at any time during the program. A student who is more than two modules behind the remainder of their academic cohort will be withdrawn from the program for unsatisfactory academic performance with the reasons documented in the student’s file and signed by the student and the Executive Director.
If a student does not complete the assignment(s) for a module and does not petition the course instructor and the Executive Director in writing for a grade of “Incomplete” within one week after the assignment for the module was due, the student will be assigned a grade of “F” for that module and is subject to withdrawal from the program for unsatisfactory academic performance.

A student whose grade point average (GPA) falls below the 3.0 minimum on the standard grading scale delineated in Section 2 is automatically placed on Academic Probation and will remain so for at least four consecutive modules, at which time the student’s GPA will meet or exceed 3.0. If the student does not pass a module while on Academic Probation, the student is withdrawn from the program for unsatisfactory academic performance.

Upon satisfactory completion of an ILC, completion by the student is acknowledged, signed, dated and retained in the student’s file.

A student who maintains satisfactory academic performance for four consecutive months (modules) will automatically return to Good Standing provided all other requirements for Good Standing are met. Satisfactory academic performance is defined as remaining current on all assignments and achieving a grade of 80% (3.0) or higher on each module.

c. Withdrawal from the Program

1. Withdrawn in Good Standing

Nizhoni Institute of Midwifery recognizes that circumstances such as illness, pregnancy, financial hardship or family emergencies may necessitate withdrawal (leave of absence) from the program. Students in Good Standing at the time of their withdrawal from the program are classified as “Withdrawn in Good Standing” and may resume their studies with the next available cohort without loss of academic standing. Students who are Withdrawn in Good Standing have the option of repeating with their new cohort any modules they had previously completed in order to prepare for re-entry into the midwifery education program at the previous point of withdrawal from the program. The student’s request for readmission and plan for completion of midwifery studies will be documented, signed by the Executive Director, and retained in the student’s file.

2. Withdrawn

A student may be “Withdrawn” from the program because:

a. The student does not maintain the terms of an ILC

b. Student has two open ILCs and demonstrates unsatisfactory academic performance in a third module.

c. The student does not meet attendance requirements for didactic courses in which attendance is required and:

1. Does not create an ILC to remediate missed class or clinical time OR
2. Does not maintain the terms of the ILC

d. The student is remiss in meeting financial obligations to the institution and:

1. Does not formulate an acceptable contract with the Executive Director to meet financial obligations OR
2. Does not fulfill the terms of the contract to meet financial obligations
e. The student does not complete the midwifery program within six years of the original date of enrollment. Students who must withdraw for failure to complete the program within six years and who still desire to pursue studies at Nizhoni Institute of Midwifery must apply for readmission and, if readmitted, are required to retake the entire program. These students are not eligible for Advanced Placement status.

3. Withdrawn in Poor Standing
   A student may be “Withdrawn in Poor Standing” from the midwifery education program if s/he:
   a. Willfully jeopardizes the life, health and/or well-being of a midwifery client, student, faculty member or staff member.
   b. Is absent without prior approval from class for three weeks or misses more than 20% of clinical time with an approved clinical faculty member.
   c. Fails to comply with requirement to disclose all felonies at time of application for admission, fails a criminal background check, or is convicted of a felony while attending Nizhoni Institute of Midwifery after a background check is conducted.
   d. Violates the midwifery laws of the State of California or the state or country in which the student is precepting.
   e. Accepts midwifery clients without supervision by an approved preceptor or represents herself or himself as a midwife before being licensed to do so.
   f. Except in rare instances of an emergent precipitous birth, attends the birth of a baby while functioning as a midwife without the physical presence of a clinical faculty member approved by Nizhoni Institute of Midwifery. A student in such a situation should immediately call Emergency Medical Services for medical assistance and coverage.
   g. Falsifies records, cheats, plagiarizes, or commits any other fraudulent act(s).
   h. Demonstrates unprofessional conduct, including unreliable attendance at planned events with clinical faculty (preceptors), disregard for client confidentiality, and documented instances of disruptive, profane, intractably argumentative, or violent behaviors.
   i. Abuses alcohol or other substances, as evidenced by any impairment of performance in clinical and academic settings or via conviction by law.
   j. Is convicted of sexual harassment or abuse.
   k. Violates copyright law with respect to copyrighted course material used by Nizhoni Institute of Midwifery.

Withdrawal from the program is documented in the student’s academic file, along with reasons for the withdrawal, supportive evidence, and documentation regarding the situation and the student’s final status at the time of the withdrawal. The withdrawal document is signed by the student and Executive Director. A student’s refusal to sign the withdrawal document will be noted and retained in the student file.

7. Students who are withdrawn from the program may apply for readmission to the midwifery education program unless they are Withdrawn in Poor Standing. Students who are Withdrawn in Poor Standing are not eligible for readmission to the midwifery education program.
Qualified applicants must:

a. Apply for readmission within two years of withdrawal from the program as documented in the student’s file.

b. Write a letter that defines the circumstances that affected the student’s previous academic and clinical performance, delineates the student’s accountability, and describes the reasons that the applicant is more likely to achieve a successful outcome with readmission to the program.

c. Meet with a Re-Entry Evaluation Team for a personal interview. This team may be comprised of Nizhoni program administrators, faculty members, a member of the Board of Trustees, and graduates of the program who are actively practicing midwifery.

After consideration of the student’s previous circumstances, application, letter and interview, the Re-Entry Evaluation Team members will make a decision regarding re-entry to the program within one month, at which time the Dean of Students or an Executive Director will inform the applicant of the team’s decision.

8. Any student who wishes to appeal decisions regarding academic standing and readmission to the program must petition the Chair of Faculty and Student Services to have a hearing with the Board of Trustees. The student petitioner, faculty, or administrative member referenced in the petition may be asked to attend the meeting of the Board of Trustees. A decision will be made at that Board meeting and all parties will be informed of the decision. If the decision made by the Board of Trustees is unsatisfactory, the petitioner may appeal to the Midwifery Education Accreditation Council at 1935 Pauline Blvd., Suite 100B, Ann Arbor, Michigan 48103; telephone number 360-466-2080.

Access to Records and Document Confidentiality

Students may access their records via a written request to the Executive Director or the Custodian of Records. Student records are confidential and are maintained via secure systems according to the regulations of the Family Educational Records Privacy Act of 1974 (FERPA). Student transcripts are maintained permanently after graduation. Other pertinent records are maintained for a period of five years from the student’s date of completion or withdrawal as required by California Code of Regulations Section 71920.

Student Attendance at Births

1. Because of legal and ethical considerations, students are prohibited from assisting at out-of-hospital births as a student midwife with anyone other than an approved preceptor.

2. A student is expressly prohibited from representing herself or himself as a graduate, licensed, or primary midwife and from accepting midwifery clients without the supervision of an approved preceptor prior to graduation and licensure by the state in which s/he will be practicing.

3. After completion of classroom studies, students must practice under supervision until any remaining clinical requirements are completed and the student graduates and is licensed as a midwife by the Medical Board of California or the licensing body of the state in which the student intends to practice.
These policies are for the protection of the student, midwifery clients, and the program and are strictly enforced. **Violation of these policies is grounds for immediate Withdrawal with Poor Standing from the program.**

**Requirements for Graduation**

1. Successfully complete all required modules, assignments and examinations with a cumulative grade point average of 3.0 or above.
2. Create and submit a complete set of client handouts.
3. Develop and submit Informed Consent documents.
4. Prepare and submit an emergency care plan.
5. Submit written guidelines for the practice of midwifery commensurate with those required for midwifery practice by the State of California and the North American Registry of Midwives.
6. Successfully pass all required clinical skills under the supervision of an approved faculty member or preceptor(s), with approved documentation.
7. Hold current Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) and Neonatal Resuscitation Provider (NRP) certifications.
8. **Under the direct supervision of an approved preceptor**, competently perform all clinical practice requirements, which include:
   a. As an Observer, document attendance at 10 births in any setting in any capacity (observer, doula, family member, friend, beginning apprentice). These may be verified by any witness who was present at the birth.
   b. As an Assistant under the supervision of a qualified and approved preceptor, document the following clinical requirements:
      - 20 births
      - 25 prenatal examinations, including 3 initial exams
      - 20 newborn examinations
      - 10 postpartum examinations
      Note: 18 births in this category must be completed before beginning births as a Primary under Supervision. Determination of readiness for serving as a **Primary under Supervision is at the discretion of the preceptor and may require more births as an assistant before moving to this level.**
   c. As Primary under Supervision, attend and document the following:
      - 25 births
      - 75 prenatal examinations (including 20 initial prenatals)
      - 20 newborn examinations
      - 40 postpartum examinations
      Two intrapartum transports are allowed if labor began in out-of-hospital settings. None of these transports may occur as Continuity of Care experiences.
   d. Of the 25 births under supervision required as Primary under Supervision, 5 require full continuity of care and an additional 10 require at least 1 prenatal examination (as either Primary or Assistant) prior to the client’s labor and birth. Of the 25 births as Primary Midwife under Supervision, 5 may occur after the last birth in Phase 3 documentation and may be submitted before or after the student takes the NARM Examination. Only 1 maternal transport may be included if the labor begins in an out-of-hospital setting. Submission of the complete form is expected to occur within 6 months of the Exam.
e. Full Continuity of Care: Five Continuity of Care cases as a Primary Midwife under Supervision will include 5 prenatal exams spanning two trimesters, the birth, a newborn exam conducted within 12 hours of the birth, and 2 maternal postpartum exams completed between 24 hours and 6 weeks after the birth. Multiple preceptors can verify the continuity of care cases.

f. A minimum of 5 home births must be attended in any role. A minimum of 2 planned hospital births must be attended in any role. These births may not be intrapartum transports but may be antepartum referrals.

g. At least 10 out-of-hospital births attended as Primary under Supervision must occur within the last 3 years prior to graduation.

h. Student clinical experiences must span at least 2 years under the supervision of one or more qualified preceptors.

i. Perform 20 well-woman visits under the supervision of an approved preceptor as required by Nizhoni Institute of Midwifery.

j. Successfully complete the requirements for IV Certification as required by the program.

k. Pass an approved final examination for the program and complete all requirements to become a Certified Professional Midwife.

l. Pay all tuition monies and fees in full.

The curriculum of Nizhoni Institute of Midwifery meets or exceeds the requirements for approval of midwifery educational programs in the United States. Students should check with midwifery regulatory bodies in the states or countries in which they intend to practice regarding specific requirements for midwifery education and practice.

Licensure and Certification

The Certified Professional Midwife certification was developed by the North American Registry of Midwives (NARM) to “validate entry-level knowledge, skills and experience vital to responsible midwifery practice.” The CPM credential encompasses multiple routes of entry, including both private and university-based midwifery education programs, apprenticeship, and nurse-midwifery education.

The process for obtaining the CPM credential is rigorous and competency-based. This credential has been reviewed by experts in the fields of health care and education. NARM recently received the prestigious accreditation of the National Commission for Certifying Agencies, the accrediting body of the Institute for Credentialing Excellence (formerly the National Organization for Competency Assurance). The National Commission for Certifying Agencies was created in 1997 to accredit certification programs and organizations that assess professional competency. It is considered the highest certification an accrediting body can attain.

In addition to meeting standards set by the Midwifery Education Accreditation Council and the North American Registry of Midwives, Nizhoni students must meet our program requirements for intravenous skills performance and provision of well-woman care. Nizhoni Institute uses the NARM board certification examination as a final examination. The NARM Exam is required for midwifery licensure in many states. In California, Licensed Midwives are independent health care providers regulated by the Medical Board of California, which also licenses physicians. Although California does not require Licensed Midwives to become Certified Professional Midwives, all Nizhoni graduates are eligible for certification upon graduation from the program and are encouraged to obtain the CPM credential. For more information about this process, please visit http://www.narm.org/.
FINANCIAL INFORMATION

Tuition and Expenses
Students may pay tuition monthly at a cost of $600.00 per module. All modules must be completed in order for the student to graduate from the program and tuition payments must be kept current. When tuition is paid on a per module basis, tuition refunds are not provided because students receive a module in exchange for each payment. Receipts for tuition payments are provided to each student and student ledgers are updated regularly.

Students experiencing financial difficulties must make specific financial arrangements with the school in order to become financially current.

Nizhoni Institute of Midwifery does not currently participate in federal and state student financial aid programs. The majority of students pay for their midwifery education on a monthly (per module) basis, a plan that allows students to graduate debt-free at the end of their midwifery education program. A major philanthropic organization, The San Diego Foundation, works with Nizhoni students to assist them in applying for scholarships in the San Diego area and nationwide. Students may also be able to arrange for tuition loans through a private lender. Students who obtain a loan to pay for their education have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

Institution sustaining fees are assessed annually at the first October class of each year that the student remains in the midwifery education program. The maximum time limit for completion of the program is six years. Current cost of the annual institution’s sustaining fee is $550.00; these monies are applied to the costs of accreditation fees, state approval fees, and other institutional needs.

Students should budget approximately $1,750.00 for course textbooks. A list of required textbooks is made available; all textbooks must be the most current editions. Books are available for in-house loan through the Learning Resource Center. However, students are strongly encouraged to have personal copies of their textbooks as they may wish to make notes within the pages. These textbooks serve as valuable resources even after graduation.

It is essential that every student have a relatively new laptop computer in excellent condition for completing coursework and online midwifery learning opportunities and communication. Students should have proficiency in basic computer skills and access to a printer. Students should obtain midwifery equipment over the course of the program in order to safely and competently provide assistance at births and should have a complete midwifery kit by the time they are ready to perform as Primary Midwife under Supervision.

Students are required to maintain current Basic Life Support (BLS) certification. The didactic portion of the classes is completed online and the skills portion is available through local professional certifying organizations. Costs for two sections of the BLS training average $110.00. Students must recertify every two years to remain current.
Students are required to complete a Neonatal Resuscitation Program (NRP) workshop by the time they begin clinical preceptorship. Periodically, Nizhoni Institute provides an NRP workshop designed for midwives and students attending out-of-hospital births. NRP is comprised of both an online didactic segment and a skills workshop component. This certification is also frequently available through local hospitals and costs are generally less expensive. Students must renew their NRP certification every two years to remain current.

Students may elect to pursue clinical experience with home birth midwives or at birth centers or other facilities in the U.S. Students are strongly encouraged to plan for and obtain birth center experience during the course of their program. Costs for obtaining clinical experience at birth centers vary significantly; this information is provided to students as “Appendix C.”

The total cost of schooling (not including a paid birth center externship) during a three-year enrollment period is estimated at $28,900.00. A complete schedule of tuition, fees and other charges and expenses necessary for the instruction and completion of the course of study is provided to each student as “Appendix A-1” in the Student Handbook and Course Catalog and is reviewed with the administration prior to signing the Enrollment Agreement.

Cancellation of Enrollment, Withdrawal, and Refund Policies

The student has the right to cancel the Enrollment Agreement, without obligation, and to obtain a refund of all amounts paid, less the registration fee of $100.00, if notice of cancellation is made prior to or on the first day of class attendance or the seventh day after enrollment, whichever is later. The registration fee of $100.00 is a non-refundable charge. Monies in excess of this amount will be refunded within 45 days after the notice of cancellation is received.

Cancellation occurs when a student provides written, hand-delivered or electronic notice of cancellation. Written or hand-delivered notice should be sent to the following address: Nizhoni Institute of Midwifery, 3944 Murphy Canyon Road, Suite C-200, San Diego, California 92123. Electronic notification must be sent to nizhoniinstitute.edu. Written notice of cancellation, if sent by postal or other delivery service, is effective when deposited in the mail properly addressed with correct postage affixed; the student should obtain official proof from the delivery service of the date and delivery address to which the document was sent in the event that there is need for validation of the same. Electronic notice of cancellation is effective when it is received in the electronic inbox of the institution. Written notice of cancellation need not take any particular form and, however expressed, is effective if it shows that the student no longer wishes to be bound by the Enrollment Agreement. The notice of cancellation must be made in writing and cannot be made via telephone. If a student fails to appear on the first day of classes without notification to an Executive Director by email, text message, or telephone, this absence comprises a notification of cancellation from the program.

If the school has provided to the student any equipment and/or books (“property’), the property must be returned within 30 days following the date of the notice of cancellation. If the student fails to return the property in good condition within this 30-day period, the school may retain that portion of payment paid by the student equal to the documented cost to the school of the property and shall refund the portion paid by the student exceeding the documented cost to the school of the property within 45 days after the period within which the student is required to return the property. Once the student has paid for the property, it belongs to the student to keep without further obligation.
Voluntary Withdrawal from the Program and Refunds of Tuition

Nizhoni Institute of Midwifery requires each student to make continuous progress toward completion of the midwifery education program. Midwifery students enter and complete their midwifery program as a cohort, taking each module in sequence since each new module builds upon previous skills and instruction. This form of study creates a cohesive and logical structure to the student’s educational program and helps to avoid gaps in learning that may occur when students take courses out of sequence.

Nizhoni Institute of Midwifery recognizes that circumstances occur in which a student must temporarily interrupt the course of midwifery study. Examples of situations in which a student might choose to withdraw from the program include pregnancy, personal illness, illness of a family member requiring the student’s care, personal or family emergencies and financial hardship.

A student has the right to withdraw from the Nizhoni Institute of Midwifery program. Any notification of withdrawal from Nizhoni Institute or cancellation of enrollment must be made by the student in writing regarding the intent to withdraw from the program. Because Nizhoni students generally pay tuition per module, on a month-by-month basis, if a student elects to withdraw s/he will not send any additional payments. No refunds will be issued because the student received and paid for the use of all modules received as per the Enrollment Contract.

Students electronically receive one module during each month of enrollment. Students who pay tuition in advance do not receive a corresponding number of modules in advance but continue to receive modules on the regular schedule with the other members of the cohort. Once a matriculated student receives a module, the student has purchased the module for that class. If a student has paid tuition beyond the current module, those monies received from the student in excess of current charges will be refunded.

Example: A student enrolls in October. Rather than paying month-by-month, this student pays twelve months of tuition in addition to the annual sustaining fee and registration fee. The student did not borrow any equipment from the school. On December 12, the student decides to withdraw from the program. The student has already purchased and received the modules for October, November, and December. The school will retain non-refundable charges and the tuition for the three modules the student purchased. The date of receipt of the student’s notice of cancellation will be posted to the student’s account along with accompanying documentation of the date of receipt. Within 45 days of the date of receipt, the school will provide a refund to this student for the balance of the refundable monies paid by the student to the program, which comprises nine months of tuition.

A student in Good Standing may voluntarily withdraw from the program with a status of “Withdrawn in Good Standing.” The student’s request for withdrawal is submitted in writing to the Executive Director with the reason for the request. The request for withdrawal is granted by the Executive Director.

The student who is Withdrawn in Good Standing may resume studies with the next available cohort without loss of academic standing. Students who are Withdrawn in Good Standing have the option of repeating with their new cohort any modules they had previously completed in order to prepare for re-entry into the midwifery education program at the previous point of withdrawal from the program. The student’s request for readmission and plan for completion of midwifery studies will be documented, signed by the Executive Director, and retained in the student’s file.
A student shall be deemed to have withdrawn from the program of instruction when any of the following occurs:

1. The student notifies the institution of the student’s withdrawal, or as of the date of the student’s withdrawal, whichever is later.
2. The institution terminates the student’s enrollment for:
   a. Failure to maintain satisfactory progress or
   b. Failure to abide by the rules and regulations of the institution or
   c. Absences in excess of the maximum set forth by the institution or
3. Failure to meet financial obligations to the school.
4. The student fails to attend class for a three-week period without prior arrangement with the instructor and an Executive Director.

A student may withdraw from the school at any time after the cancellation period and receive a refund of money for modules that have been purchased and not yet provided to the student by the school. If the student has been sent a module as evidenced by electronic record or postal receipt, the tuition for that module is considered earned and the student will not receive a refund for the module. If the module has been sent and the student has not yet paid for the module, the module must be purchased by the student regardless of the student’s plan to withdraw from the program. Nizhoni Institute has the right to subtract the cost of unpaid tuition, registration, institution sustaining fees, and administrative costs and to deduct the full cost of texts and/or equipment not returned in good condition within 30 days of withdrawal from the program.

For the purpose of determining the amount of the refund, the date of the student’s withdrawal shall be deemed the last date of recorded attendance.

If any portion of the tuition was paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan. Should Nizhoni become eligible to administer federal student financial aid, any amount of the refund in excess of the unpaid balance of the loan shall be first used to repay any student financial aid programs from which the student received benefits, in proportion to the amount of the benefits received, and any remaining amount shall be paid to the student.

If the student has received federal student financial aid funds, the student is entitled to a refund of monies not paid from federal student financial aid program funds.

A student who is Withdrawn in any standing remains responsible for the payment of any tuition and/or fees that are in arrears at the time of withdrawal from the program. If the student is unable to meet the terms of the contract or defaults on payment, s/he will be awarded academic credit only for the modules for which s/he has paid.
Withholding of Grades and Transcripts

If a student is in default on a student tuition contract, Nizhoni Institute of Midwifery will inform the student of this fact in writing at his or her last known address. In accordance with Section 94985 of the California Education Code, Nizhoni Institute of Midwifery may withhold all or part of an official academic transcript if the student is in default on a student tuition contract. If the student has made partial payment of his or her tuition obligation, Nizhoni Institute may only withhold that portion of the grades or transcript that corresponds on a pro rata basis to the amount of tuition or loan obligation the student has not paid. The school may provide to students an unofficial transcript in accordance with regulations of the Family Educational Rights and Privacy Act. Official transcripts may be withheld until the outstanding balance of tuition, fees, and/or damages has been paid.

STUDENT INFORMATION AND SERVICES

Complaints and Grievances

If you have a complaint or grievance about the program, you should present your concerns to the Dean of Students or the Executive Director. If the Executive Director is unable to resolve the problem, or is part of the problem, the matter may be taken to the Board of Trustees. We will make an effort to review documents and discuss the situation with the parties involved to resolve your concerns in a manner that is reasonable, timely and in complete accordance with the provisions of the laws by which we are governed. A student’s participation in the complaint procedure and the disposition of a student’s complaint will not limit or waive any of the student’s rights. Records of any student complaints and the resolution process are maintained in the student’s file and an entry is made into a Student Complaint Log.

A delineation of your rights as a student, including the correct procedures for registering complaints or grievances, is available from the Dean of Students. Students may lodge unresolved complaints and grievances with the Bureau for Private Postsecondary Education or the Midwifery Education Accreditation Council (MEAC).

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling 888-370-7589 or by completing a complaint form, which can be obtained on the Bureau’s website, http://www.bppe.ca.gov. The Bureau’s fax number is 916-263-1897.

The following outlines the MEAC grievance process:

Institutions accredited by MEAC are recognized as meeting and maintaining certain standards of quality. It is the mutual goal of MEAC and the institution to ensure that these standards are maintained. When problems arise, students should make every attempt through the formal complaint procedure within the institution to find a fair and reasonable solution. However, in the event that a student has exercised the channels available within the institution to resolve the problem(s) by way of the institution’s formal complaint procedure, and the problem(s) have not been resolved, the student has the right and is encouraged to take the following steps:

1. Complaints should be made in writing and mailed, faxed, or emailed to the MEAC office. Complaints received by phone will be documented, and the complainant will be requested to submit the complaint in writing.
2. The letter of complaint must contain the following:
   a. A detailed description of the problem(s);
   b. The approximate date(s) that the problem(s) occurred;
   c. The full name(s) and title(s) or position(s) of the individual(s) involved in the problem(s), including both institutional staff and/or other students who were involved;
   d. Evidence demonstrating that the institution's complaint procedure was followed prior to contacting MEAC;
   e. The name and mailing address of the complainant.

3. The complainant should be aware that other relevant supporting documentation may be requested (if not already included) in order to adequately investigate the complaint (e.g., the student's enrollment agreement, the syllabus or course outline, correspondence between the student and the institution).

4. Send to: Midwifery Education Accreditation Council
   1935 Pauline Blvd., Suite 100B
   Ann Arbor, MI 48103
   Telephone 360-466-2080 Fax 480-907-2936
   Email info@meacschools.org

Complainants will receive an acknowledgement of receipt within 15 days.

Student Services

Mentoring: Instructors provide students with didactic and clinical education and are available to answer students’ questions. Generally the faculty member who has been instructing the class during a specific module will also be responsible for answering questions regarding that module. Instructors may provide information to students regarding their availability for mentoring by telephone or email.

Student Representation: A Student Representative is selected from the student body to represent the student body and to communicate ideas, information, and concerns to the Board of Trustees. The Student Representative is a midwifery leader who represents Nizhoni Institute of Midwifery in local, state, and national student midwifery organizations.

Learning Resource Center: The Learning Resource Center (LRC) serves as a bridge between academic instruction and midwifery students’ clinical rotations. Students utilize the resources of the LRC for individual and group study sessions, clinical simulations, and personal and group research projects. Resources include audiovisual materials and equipment, clinical laboratory equipment, textbooks, midwifery and nursing journals, models, and clinical simulators. Students may access the LRC at any time during regular classroom hours and when an instructor or administrator is available on the premises. Student may also arrange with an administrator to access the LRC at other times.

English Language Services: All classes at Nizhoni Institute of Midwifery are conducted in the English language. The school does not presently provide instruction in other languages or other English language services.
Academic Counseling: Students who demonstrate academic or clinical performance deficiencies are given specific guidelines for improvement. The Dean of Students or the Executive Director can provide academic counseling for students in need of this service. Assessment of student progress is based on student attendance and participation, examination and project performance, and feedback from the clinical preceptors.

Accommodation for Students with Disabilities: Nizhoni will make every reasonable effort to accommodate students with documented physical and learning disabilities. Students with disabilities must be able to perform the cognitive and physical skills for entry-level midwives as outlined by the Midwifery Education Accreditation Council’s Curriculum Checklist of Essential Competencies for midwives.

Placement Services: Although Nizhoni Institute of Midwifery does not offer formal job placement services, the Dean of Students or Executive Director will assist students regarding employment options following graduation. Students receive information regarding employment opportunities for practicing midwives and, in conjunction with their midwifery business class, receive instruction and guidance regarding interview preparation and development of a curriculum vita. Students should discuss state licensing requirements with an Executive Director.

Housing: Nizhoni Institute of Midwifery does not have dormitory facilities and does not assist students in locating housing; students must arrange for their own housing. There are thousands of residential complexes located within a ten-mile radius of the school’s facilities at an approximate cost of $1,200 per month and above for a one-bedroom apartment.

Financial Aid: Nizhoni Institute of Midwifery does not currently participate in federally funded or state funded financial aid programs. Limited scholarships may be available to qualified students via the San Diego Foundation, a respected philanthropic organization.

Continuing Education: Graduate midwives from Nizhoni Institute of Midwifery are invited to return at any time to attend modules tuition-free. Attendees may be asked to pay continuing education processing fees and laboratory or materials fees associated with class attendance. Graduates should discuss class attendance with an Executive Director at least two weeks prior to class so that the instructor may also be notified.

Graduation Ceremonies: A graduation ceremony is held annually each autumn. This is an opportunity for the community to celebrate and acknowledge the efforts of each graduate. Family members are encouraged to attend in recognition of their support and contributions to their graduate’s success in achieving their professional goals.

The Nizhoni Graduates’ Pin symbolizes the home and birth
As the sacred juncture of heaven and earth.
Academic Faculty and Administration

Gerri Ryan, L.M., C.P.M., C.D.T. is the Executive Director and Chief Operating Officer and a member of the faculty. She is a California Licensed Midwife and Certified Professional Midwife with an active practice in San Diego. She is a nationally certified doula trainer and has extensive corporate business expertise.

Marla Hicks, R.N.-B.C., C.P.M., L.M. is the Executive Director and Chief Academic Officer for Nizhoni. She is a Licensed Midwife and has been practicing midwifery since the 1970s. Marla is board certified in Perinatal Nursing and is the former vice-president of the Board of Directors for the Association of Midwifery Educators.

Tracy Abston, M.A., is the Dean of Students. Tracey is an advocate for children and families and is committed to ensuring that infants have a safe, healthy, emotionally secure, and intellectually rich beginning in their lives. She brings a wealth of administrative expertise to our program and also teaches Child Development at a major university.

Erina Angelucci, M.S.N., C.N.M. is a Certified Nurse-Midwife. A graduate of the midwifery program at Emory University, she is currently a staff midwife at Best Start Birth Center in San Diego, California.

Nancy Baird, B.A., B.Sc. (Hons.), R.M., L.M., C.P.M. obtained her midwifery education from The City University in London, England. She has attended births in a variety of clinical settings and currently holds a clinical research position within a non-profit health care system in San Diego. She is a Clinical Leader and a member of Nizhoni’s academic faculty.

Karen Ruby Brown, M.S.N., C.N.M. is a Certified Nurse-Midwife who has supported birthing women for many years in hospital settings and has a homebirth practice in San Diego. She has worked steadily for many years to build bridges between Licensed Midwives, Certified Nurse-Midwives, and physicians. She earned the Master of Science in Nursing degree from Yale University.

Kayti Buehler, B.A., L.M., C.P.M. graduated with honors from the Interdisciplinary Studies and History program at the University of California at Berkeley. She is a graduate of Nizhoni Institute and served a portion of her clinical preceptorship in Japan, attending births at home and at a birth house. She speaks Japanese fluently.

Sarah Davis, B.A., L.M., C.P.M., represented the interests of California midwives throughout the legislative process that culminated in the passage of Assembly Bill 1308, which eliminated the requirement for physician supervision for California Licensed Midwives. The former Vice-President of the California Association of Midwives, she is now the CAM Legislative Chair and was the 2013 co-recipient of the CAM Brazen Woman award.
Sherry Evans, L.M., C.P.M. is a graduate of Nizhoni Institute of Midwifery. She attends homebirths in San Diego County and provides essential financial administrative expertise to the Nizhoni program.

Sergio Hernandez, R.S., R.D.M.S. is a highly skilled ultra-sonographer who owns and operates a large, private ultrasonography practice in San Diego specializing in women’s health care. With multiple advanced certifications in his field, he specializes in obstetrical and gynecological ultrasonography and teaches workshops for Nizhoni students.

Brent Keime, L.Ac., M.S.T.O.M. is the Clinical Coordinator for Nizhoni Institute and a member of the faculty. A graduate of the Pacific College of Oriental Medicine, he is a Licensed Acupuncturist specializing in women’s health care. As Clinical Coordinator, he works with the North American Registry of Midwives and the Medical Board of California to address the needs of Nizhoni students, preceptors, and administrators.

Heather LeMaster, L.M., C.P.M. attends homebirths in San Diego County. As Clinical Leader, she organizes the Nizhoni’s Skills and Drills\textsuperscript{SM} and Skills Days workshops and assists in organizing continuing education programs for the midwifery community.

Nicole Morales, B.A., L.M., C.P.M. attends homebirths in San Diego. A gifted storyteller, she is a facilitator for the Birthing from Within program and a national instructor for the Spinning Babies workshops.

Lisa Simpkins, M.S., I.B.C.L.C. is a respected Lactation Consultant in Southern California. In addition to her teaching at Nizhoni, she leads a free weekly breastfeeding support group for midwifery clients and is a Lactation Consultant for the Sharp Hospital System in San Diego.

Shari Stone-Ulrich, M.S.N., C.N.M. is a graduate of Georgetown University. She has practiced as a Certified Nurse-Midwife in a variety of birth settings and is now the clinical director of a freestanding birth center that has served San Diego families for over 30 years.

Paula Tipton-Healy, L.M. has practiced midwifery in both the United States and Mexico and has trained many midwives under the apprenticeship model. She is a highly regarded homeopathic practitioner.

Vicki Wolfrum, C.N.M. is the Chief Executive Officer of a licensed home health care agency that provides private duty care to families across the lifespan. Vicki is a lactation consultant who specializes in perinatal concierge services in the southern California area.
President and Officers of the Board of Trustees

Chief Executive Officer and President of the Board of Trustees
Regina Wood - has worked in business, sales, and quality assurance with C-level executives of Fortune 100 and public sector corporate entities. The focus of her undergraduate education was Business Administration. Regina brings marketing and organizational experience to the Board of Trustees.

Secretary
Marianne Manning-Fischer - Past Experience includes Medical Staff Administration Manager in the Scripps Hospital system in San Diego County. She has extensive experience in compliance and credentialing processes and holds a baccalaureate degree in Business Administration.

Treasurer
Michael Sick - is a senior accountant with over 20 years of extensive experience in financial analysis using a variety of systems in high-level supervisory and managerial positions. A graduate of San Diego State University, his family connections to the midwifery profession have led him to his work with Nizhoni Institute’s Board of Trustees.

Chair of Community Liaison
Care Messer, Member at Large, is a certified doula with Doulas of North America who also teaches HypnoBirthing childbirth preparation classes. She regularly instructs nursing students from San Diego State University who are interested in learning about physiologic birth.

Chair of Online Marketing and IT Services
Cindy S. Manning - has a strong background in business, project management, and information technology within the health care field. She has a special interest in working with midwifery-related organizations.

Chair of Gifts and Donations
Jo Ricker - has worked in fund-raising, marketing, administration and management for both non-profit and for-profit organizations, including Make-A-Wish San Diego County, HomeBase Youth Services of Arizona, the Ojai Chamber of Commerce, and Ojai Rotary.

Chair of Business Development and Advisement
Johnny Tran, Esq. - is a father and an enthusiastic supporter of the midwifery model of care. A graduate of the University of California-Davis School of Law, he is a successful litigator in Southern California who also taught sixth grade in the South Bronx in the Teach for America program.
Final Words from the Bureau for Private Postsecondary Education

As a prospective student, you are encouraged to review this Catalog prior to signing the Enrollment Agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement.

Nizhoni Institute of Midwifery does not have a pending petition in bankruptcy and is not operating as a debtor in possession. Nizhoni Institute has not filed a petition within the preceding five years, and has not had a petition in bankruptcy filed against it within the preceding five years that resulted in reorganization under Chapter 11 of the United States Bankruptcy Code (11 U.S.C. Sec. 1101 et seq.).

NOTICE: YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF INSTRUCTION ALL OF THE CLAIMS AND DEFENSES YOU COULD ASSERT AGAINST THIS SCHOOL, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.

Any questions a student may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at P.O. Box 980818, West Sacramento, CA 95798-0818 or 2535 Capitol Oaks Dr., Suite 400, Sacramento, CA 95833, http://www.bppe.ca.gov, The telephone number for the Bureau is 916-431-6959 or (toll free) 888-370-7589 and the fax number is 916-263-1897.

For more information regarding Nizhoni Institute of Midwifery -

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