

La Plaza Online Learning Hub
Contract between Course Instructor and National College of Midwifery

Name of Instructor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Email: _____

CEU Course Name: _____

CEU Credits/Hours: _____

Website or email address where students access more information and process their course fee: _____

Instructor Recitations

(please initial each)

____ I understand that ALL fees paid to NCM by me for this course are nonrefundable and go directly into NCM's Scholarship Fund.

____ I understand the nonrefundable Access Fee of \$65 per course gives me:

- access as an instructor to NCM's Online Learning Platform
- instructions on how to develop my course within Canvas with the support of NCM staff and access to 24/7 Canvas tech support
- an advertising spot on the La Plaza page of NCM's website and on NCM's social media.

____ I understand that I am solely responsible for the content in my course and take full responsibility for any copyright infringements.

____ I understand that NCM does not accept any payments from students for my course(s) and that it is my responsibility to charge and collect all payments from students for this course.

____ I understand that I will be charged a Student Fee of \$35 per student per course. It is my responsibility to notify NCM of which students are enrolled in my course and to pay the student fees to NCM before the student starts the course.

____ I understand there will be no refunds from NCM for Student Fees and so I will set my refund policy for my course accordingly.

____ I understand that I must include a required assignment in each course that every student must read; the material for this assignment will be provided by NCM and will give students an opportunity if they wish to donate to NCM's scholarship fund with the promise that their donation will be matched dollar for dollar.

____ I understand that I must include at the end of my course a link to a course evaluation and an instructor evaluation and that students will be required to complete these evaluations before I provide them with a CEU certificate. The links for these

evaluations will be provided to me by NCM at the time of course setup and the evaluation results will be shared after the students have completed them.

___ I would like to donate ____ % of the income from the course(s) I develop to NCM's scholarship fund to help bridge health disparities by increasing access to midwifery education.

I have read, understand, and agree to be held to this contract:

Instructor Signature: _____ Date: _____

NCM Official Signature: _____ Date: _____