
CPM Application Instructions Summary

1. **Please read the entire packet.**
2. Use **only** official NARM Forms for **all** materials submitted. All forms are available for download on the NARM website if you need additional copies. Fillable pdfs may be created using these forms, but original signatures/initials must be on the submitted copies. **Do not create your own forms.**
3. All forms must be filled out completely in English in black ink or typed. The forms should not be in the booklets, bound or sent in notebooks or sleeves.
4. **Do NOT use white-out.** If you make an error, start over on a blank copy. Errors on forms that do not require a verification signature may be crossed out, initialed and the correct information entered. New forms can also be downloaded from the web and the correct information put on the downloaded page. If relevant, the preceptor can initial on the new page.
5. All applicants are required to fill out the General Application Form 100.
6. Choose the appropriate educational category. The applicant **must** meet the requirements of one of the educational categories of application. (See the *Candidate Information Booklet (CIB)* for specific requirements for each route of entry.)
7. **Fill out the checklist and all appropriate forms** for the category under which the application will be made.
8. **Collect all supporting documentation** according to instructions found in the section for the category under which application will be made, and make a copy to send with the application. Charts submitted to NARM must contain only the client code as an identifier. Names, addresses, social security numbers, or phone numbers of the client must be removed before submission. This personal information may be whited out or blacked out on the copy sent to NARM. Any chart received with these identifiers will be immediately shredded, and the candidate will be required to submit another copy with the personal information removed.
9. All supportive documentation (licenses, diplomas, certificates, transcripts, etc.) must be translated into English with a notarized copy of the original and the translation. The notary must be fluent in both languages for translated documents.
10. **Complete signatures and notarizations** as required on specific forms.
11. **Submit one copy of each of the following:**
 - a) Legal photo identification—passport or driver’s license
 - b) A head and shoulders photo taken within the last six months with the applicant’s signature on the back
 - c) Both sides of **current** adult CPR **and** neonatal resuscitation certification.
NARM only accepts certification from courses which include a hands-on skills component. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the Red Cross. Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada.
 - d) Documentation of workshop, course, or module on cultural competency
12. **Make a copy** of all completed NARM CPM Application Forms. Send the “original” with your application. Original refers to the application forms and notarized documents (not licenses or other documents for which copies are requested).
13. **Keep the copy for your records.**
14. All NARM applications are evaluated in detail and randomly audited. Applicants, regardless of category, could be required to submit charts, practice documents, and/or other related documentation as requested. **Delays in response to request for audit materials can delay test scheduling.**

15. Send all application materials in one package; incomplete applications or applications that are not legible will be returned.
 16. Fees are payable by money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. A handling fee of approximately 8% will be added to all credit card transactions. All fees are non-refundable.
 17. **Mail the completed application materials to:**
NARM Applications, P.O. Box 420, Summertown, TN 38483.
Delivery services such as FedEx and UPS will not deliver to a Post Office box; please send all materials by U.S. mail unless otherwise instructed. Applications mailed to other NARM offices will be returned.
 18. Incomplete applications will be returned. A \$100 resubmission fee must be included when the application is resubmitted.
 19. *Entry Level applicants* must first complete Phases 1-3 of the NARM Portfolio Evaluation Process (PEP).
 - a. **Upon meeting Phase 1, 2, and 3 of the PEP requirements, the applicant will be issued a Letter of Completion.**
 - b. **Submit copies of the Letter of Completion and a copy of the Certification Application Checklist, Form 400, as validation of completion of the applicant's education along with the \$900 Written Examination fee.**
 - c. **Phase 4 may be submitted with Phase 3 or up to six months of passing the NARM Written Examination.**
 20. Experienced Midwives who self-validate their experience on Form 201b will be required to do the Second Verification of Skills.
 21. All applicants must pass the NARM Written Examination. After each application has been processed by NARM and the requirements successfully met for Phases 1, 2, and 3, the applicant will be sent information on how to schedule the Written Examination.
 22. Upon passing the NARM Written Examination and completing all certification requirements, the applicant will be issued a Certification Number and the Certified Professional Midwife (CPM) Certificate. Midwives may not refer to themselves as CPMs until they receive their certificate or verification of certification by NARM.
- Time frames for the entire experience:** All clinicals and skills documented in Phases 1-4 must have occurred within the last ten years. Clinical training documented in Phases 1, 2, and 3 must span at least two years. [A review of NARM application data indicates that most training spans three to five years. Theoretical/didactic education is integrated within the clinical training period.]

Applicants may not use the CPM designation until certification has been awarded by NARM.

CPM Application Instructions

Applicants may submit their completed NARM Application at any time. Please understand it can take several months to reach test eligibility after the application has been submitted. To insure a timely response, please be sure that all application materials are complete. If forms aren't signed or information is incomplete, ***the application will be returned***. NARM is not responsible for any delay in NARM's processing of the application or for delay in receipt of the application, including but not limited to, mail delays, inclement weather, acts of God, acts of terrorism, computer or fax transmission failures, or any individual's or entity's mistake or omission.

Applications are processed in the order they are received.

Applicants will receive an acknowledgment notifying them that the application has been received. After review of the application, the Applications Department will send notification of approval or any needed corrections or missing items. The applicant will then receive a letter and/or exam intent form when the application has been approved. Notifications are made electronically so it is imperative NARM has a current email address on file.

Approval to take the NARM Written Examination is dependent on completion of the application.

The General Application Form 100

This is basic demographic information and must be turned in with ***all categories of application***.

Cultural Competency

All applicants and CPMs are required to complete a workshop, module, or course on Cultural Competency for certification and recertification. Approved Courses/Modules are:

- A course on cultural competency within a midwifery education program accredited by MEAC or a specific state approved midwifery education program
- A course on cultural competency within a state approved medical education program
- A cultural competency course offered as a workshop accredited for CEUs by MEAC

Additional options can be found on our website at <http://narm.org/accountability/ceu-information/>

The Portfolio Evaluation Process (PEP) Application

The PEP application documents training and experience under a Registered Preceptor who has registered with NARM. Students who have more than one preceptor will need a copy of the Verification of Birth Experience Form for each preceptor. Internationally educated and experienced midwives must have all documentation as specified in the application. Send the completed application (keep a copy) and application fees to NARM Applications. Fees are payable by money order, certified check, or credit card; personal checks are not accepted. A handling fee of approximately 8% will be added to all credit card transactions. All fees are non-refundable. When the PEP Application (Phases 1-3 for Entry-Level) has been evaluated as complete and approved, applicants will be cleared to sit the NARM Written Examination.

The Certification Application

Applicants are eligible to take the NARM Written Examination if they have completed Phases 1-3 of the PEP process; graduated from an MEAC approved program; or have documented training and experience through an approved certification or state licensure process as outlined in the *Candidate Information Booklet* (CIB).

When the application is submitted and approved, the applicant will receive information on setting up the Written Examination. After passing the Written Examination and completing all remaining requirements, certification will be issued and a certificate sent.

For Midwives Who Have Taken the NARM Written Examination for State Licensure and Who Want to Receive the CPM Certificate:

If you are currently licensed or hold other legal recognition from a state listed in NARM's CIB, then your educational requirements have been documented through the state process. Complete the appropriate forms (see instructions in that section) and send the original and required copies, along with a copy of your state license, to NARM Applications. If you have met all NARM requirements through your state process and submitted the application fee, you will receive the CPM certificate upon approval of your application.

Fee Explanation

Fees are payable by money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. A handling fee of approximately 8% will be added to all credit card transactions. Fees listed below in parentheses are for payment with a credit card. All fees are non-refundable.

There will be a \$115 fee due to the testing company upon registration for computer based testing. This fee is paid directly to the testing company and is additional to the NARM fees.

Application Type	Application Fees	Examination Fee
PEP-Entry Level	Phase 1 - \$200 (\$216) Phase 2 - \$400 (\$432) Phase 3 - \$400 (\$432) Phase 4 - \$100 (\$108)	\$900 (\$972) ¹
PEP-Experienced Midwife	\$1100 (\$1188)	\$900 (\$972) ¹
PEP-Internationally Educated Midwife	\$1100 (\$1188)	\$900 (\$972) ¹
MEAC Graduate	\$1000 (\$1080)	Included in application fee
State License in Approved States	\$50 (\$54)	\$900 (\$972) if applicable ²
UK Licensed Midwife	\$950 (\$1026)	Included in application fee
CNM/CM	\$1000 (\$1080)	Included in application fee

¹PEP applicants who qualify for the Written Examination will be notified by the NARM Applications Department. The examination fee should be submitted after receiving instructions from the NARM Applications Department.

²Candidates who are applying as Stated Licensed Midwives in states evaluated for educational equivalency must submit a \$50 application fee at the time of application submission. The \$900 examination fee applies only to midwives who have not previously taken the NARM Written Examination for licensure.

For more information:

NARM Applications and Testing Department: applications@narm.org or 1-888-842-4784
NARM General Information: info@narm.org or 1-888-842-4784

Time Frame for Certification Process for all Applicants

NARM reserves the right to return any incomplete applications. All fees are non-refundable. A resubmission fee will be charged at the time of resubmission.

Candidates with applications requiring corrected materials or additional items must submit required items within two weeks of notification. If required materials are not returned within two weeks, the application may be returned as incomplete. If a candidate is unable to submit the required materials within two weeks, s/he may submit a written request for an extension. Extensions are reviewed on a case-by-case basis and approved or denied at the discretion of the Applications Department. If granted, extensions may only be granted for up to a maximum of two months. If the extension deadline is not met, the application will be returned as incomplete.

Upon submission of the CPM application and fees, the applicant will receive notification of eligibility for the NARM Written Examination. **The applicant must sit for the Written Examination within six months of receipt of the Intent Form.** If any of these deadlines cannot be met, the applicant may request a six-month extension from the NARM Test Department. Phase 4 must be submitted within six months of passing the NARM Written Examination. If the deadlines and extensions pass without a documented effort on the part of the applicant to complete the certification process, the application will be considered expired, closed, and the applicant must reapply.

An applicant must complete all required work within the timetable listed below, including written extensions. An applicant whose application has expired will forfeit all fees. Candidates should keep copies of all application materials submitted. If the candidate needs to have expired application materials returned and the application has not yet been destroyed by NARM Applications, a \$100 fee will be required. Requests for extensions must be received in writing by the deadline listed. Every effort will be made by NARM to notify applicants of approaching expiration deadlines, but NARM cannot be responsible for notifying candidates who have moved or who do not receive mail at the address listed on the application. The responsibility for meeting deadlines and/or requesting extensions is the candidate's. If unusual circumstances prevent an applicant from meeting these deadlines, NARM will consider further extensions on an individual basis if submitted in writing prior to the deadline.

NARM recommends continued supervised practice throughout the application and testing process.

Application Process Timetable

Process	6 months	1 year	18 months
Written Examination (all applicants)	Request extension	Expired ¹	Expired ¹
Phase 4: due within six months of passing the NARM Written Exam	Request extension	Request extension	Expired ¹

¹Application will be archived. Applicant must re-apply and re-submit all fees.

PEP Applications (Phases 1-3) should be submitted four months prior to anticipated testing date for the NARM Written Examination to allow for processing. Applications through other routes should be submitted at least two months prior to anticipated testing date.

Retakes

Candidates who have failed the Written Examination are expected to complete the certification process within the time frames listed above. There is no limit to the number of times a candidate may take the Written Examination, but the candidate will be charged both a retake fee and testing company fee. If multiple retakes are required, the candidate may not be able to complete certification within the expected time frame. If a candidate does not complete the certification process within three years of when the application was received by the NARM Applications Department, documentation of continued supervised clinical practice will be required. The candidate must submit documentation of ten supervised births that have occurred within three years of submitting the next retake form. Form is available upon request.

NARM Policy Statement on Preceptor/Apprentice Relationships

In validating the apprenticeship as a valuable form of education and training for midwifery, NARM appreciates the many variations in the preceptor/apprentice relationship. In upholding the professional demeanor of midwifery, it is important that each party in the relationship strive to maintain a sense of cooperation and respect for one another. While some preceptor/apprentice relationships develop into a professional partnership, others are brief and specifically limited to a defined role for each participant.

Effective January 1, 2017, all NARM preceptors **must be registered before supervising** any clinicals documented on a student's NARM Application. Skills/clinicals signed off after that date by a preceptor who is not registered with NARM will be invalid.

To help NARM candidates achieve exceptional training and a satisfactory relationship from their apprenticeship, NARM makes the following statements:

1. **All preceptors for NARM PEP applicants must be currently registered with NARM as a Registered Preceptor.** Preceptor registration requires filling out and submitting the NARM Preceptor Registration Form 700. Forms may be found at www.narm.org and searching preceptor registration. In order to qualify as a NARM Registered Preceptor, the midwife must document their credential as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.
It is the student's responsibility to verify the preceptor's registration status by asking his/her preceptor or contacting NARM.
2. The clinical components of apprenticeship should include didactic and clinical experience, and the clinical component must be at least two years in duration. The average apprenticeship which includes didactic and clinical training typically lasts three to five years. In the PEP Application, the dates from the earliest clinical documented in Phase 1 or 2 until the last clinical documented in Phase 3 must span at least two years, or the applicant should enclose a statement explaining additional clinical experiences that complete the requirement but are not charted on these forms. Additional births may also be reflected on Form 102 Birth Experience Background.
3. It is acceptable, even preferable, for the apprentice to study under more than one Registered Preceptor. In the event that more than one preceptor is responsible for the training, each preceptor will sign off on those births and skills which were adequately performed under the supervision of that preceptor. Each preceptor who signs for any clinicals on Forms 111 or 112 must fill out, sign and have notarized the Verification of Birth Experience Form. **All numbers signed for must be equal to or greater than the numbers signed for on Forms 111a-d and 112a-e.** The apprentice should make multiple copies of all blank forms so each preceptor will have a copy to fill out and sign. These forms should be filled out and signed by the preceptor, not the applicant.
4. The preceptor and apprentice should have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.
5. The apprentice, if at all possible, should have the NARM application at the beginning of the apprenticeship and should have all relevant documentation signed at the time of the experience rather than waiting until the completion of the apprenticeship.

6. Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. **Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary.** Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if the preceptor agrees that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible, however **the preceptor makes the final determination.**
7. The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that **the preceptor must be physically present** when the apprentice performs the midwife skills. The preceptor holds the final responsibility for the safety of the client or baby and should become involved, whenever warranted, in the spirit of positive education and role modeling. Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk having their preceptor status revoked. If there is a concern, the clinical skill should not be signed off in the first place.
8. **Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM Certified Professional Midwife (CPM) credential.**
9. NARM's definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, gynecological, family) and a physical exam. These exams do not have to occur all on the first visit to the midwife, but the apprentice should perform at least 20 of these exams on one or more early prenatal visits.
10. Prenatal Exams, Newborn Exams, and Postpartum Exams as Assistant Under Supervision (forms 111b-d) must be completed before the same category of clinicals may be verified as Primary Under Supervision (Forms 112 b-e). However, Prenatals, Newborn Exams, and Postpartum Exams as a Primary Under Supervision may begin before the Primary Under Supervision births occur.
11. Births as Assistant Under Supervision (Form 111) are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered Assistant Under Supervision. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The apprentice should perform some skills at every birth listed on Form 111a and must be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete 18 of the Assistant Under Supervision births before functioning as Primary Under Supervision at births.
12. Births as a Primary Midwife Under Supervision (Form 112) means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor who is physically present and supervising the apprentice's performance of skills and decision making.
13. Catching the baby is a skill that should be taught and performed during the Assistant Under Supervision phase. The Primary Under Supervision births require that the student be responsible but under supervision for all skills needed for labor support and monitoring of mother and baby, risk assessment, the delivery of the infant, newborn exam, and the immediate postpartum assessment of mother and baby. If the mother or father is “catching” the baby, the Primary Under Supervision is responsible for all elements of the delivery. If the preceptor catches the baby, then that birth qualifies as Assistant Under Supervision for the student.
14. Attendance at a birth where either the apprentice or preceptor is also the client will not be accepted for verification of the required clinicals.

Guidelines for Verifying Documentation of Clinical Experience

In response to multiple requests for clarification about the role of the NARM Registered Preceptor in the NARM application/certification process, NARM has developed the following step-by-step guidelines based on the instructions set forth in the Candidate Information Booklet. These guidelines are suggestions for successful completion of the application documentation.

1. The preceptor and applicant together should—
 - a. review the practice documents required by NARM—Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision making during care).
 - b. review all client charts (or clinical verification forms from a MEAC accredited school) referenced on the NARM Application and confirm that the **preceptor and applicant** names appear on each chart/form that is being referenced.
 - c. confirm that the signatures/initials of the applicant are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up postpartum exams listed on the NARM Application. Be sure the numbers written on the application forms match the number of clinicals/births with both student/preceptor initials.
 - d. check all birth dates and dates of all exams for accuracy.
 - e. check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than one birth, including twins, with any given client, there must be a different code assigned for each subsequent birth. Twin births may only be counted as one assistant or primary birth under supervision but may be counted for two newborn exams.
- 2. If a preceptor has more than one student (applicant), each chart must have a code that all students will use. Students should not develop different codes for the same client.**
3. Preceptors need to be sure their forms show that the student participated as Primary Under Supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.
4. Applicants must have access to or copies of any charts (with client code) listed in the application in case of audit.

The Informed Disclosure and Informed Consent documents document used by the apprentice/student should not indicate that she is a CPM, even if she is in the application process. The CPM designation may not be used until the certificate has been awarded. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Quarterly Student/Preceptor Evaluation Form, Suggested Format

This form is to facilitate communication between the student and preceptor and is not submitted to NARM.

Student's name _____ Preceptor's name _____

Time period covered by this evaluation _____

Clinical experience	# Attended	# Initialed on NARM forms
Observed births		
Prenatals as assistant		
Initial exams as assistant		
Newborn exams as assistant		
Postpartum exams as assistant		
Births as assistant		
Prenatal exams as primary		
Initial exams as primary		
Newborn exams as primary		
Postpartum exams as primary		
Births as primary		
Continuity of Care births		
Primary births with at least one prenatal		

All clinicals attended may not necessarily be initialed on NARM forms. It is at the discretion of the preceptor whether the student is acting in the capacity needed to count the clinical as an assistant or primary. More than the minimum number of clinicals in each category may be needed in order to progress to the next phase. For example, more births as an assistant may be needed before the preceptor determines the student is ready to be primary. Some births where the student is expected to be primary may not count in that category if the preceptor believes the role has not been adequately fulfilled.

In order to progress through the NARM phases of training, the student and preceptor must have a good, mutually agreed on, assessment of the progress. The best way to attain mutual agreement is to meet at least quarterly and discuss the progress being made toward mutual goals.

Questions for discussion:

Is the student provided with an opportunity to progress in levels of skills and responsibilities? If not, what is the impediment?

Is the student progressing through the Assist clinicals in increasing levels of responsibility, so that upon meeting the minimum numbers she/he is prepared to move toward primaries?

Do the student and preceptor meet outside of clinical time to discuss progress and evaluate performance and knowledge? Has this been adequate for meeting the expectations of both?

Is the student demonstrating adequate self-study skills and application of new knowledge in the clinical setting? How can this be improved?

Is the student meeting the preceptor's expectations? If not, what specifically is not being met?