

NARM Certified Professional Midwife (CPM)[®]

Application Instructions Summary

1. **Please read the entire packet.**
2. All applications should be submitted via NARM's application portal here: <https://narm.certemy.com>. If you do not yet have an account, you can create an account from the login page. Links to any forms that you will need for your application will be available in your Certemy application. If you are unable to access Certemy, please contact NARM for assistance.
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. 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.)
6. 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.
7. **Complete signatures** as required on specific forms. See page 6 for signature guidelines.
8. **Submit one copy of each of the following:**
 - a) Legal photo identification—passport or driver's license
 - b) 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.
 - c) Documentation of workshop, course, or module on cultural awareness completed within the last 3 years.
9. 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.**
10. *Entry Level applicants* must first complete Phases 1-3 of the NARM Portfolio Evaluation Process (PEP).
 - a. **Phase 1 and 2 should be submitted and approved prior to beginning Phase 3 if possible.**
 - b. **Phase 4 may be submitted with Phase 3 or up to six months of passing the NARM Examination.**

Applicants are responsible for the requirements *at the time they submit their application*. Please check the NARM web page, www.narm.org, for the latest application forms and other updates before sending in completed applications.

11. All applicants must pass the NARM Examination. After each application has been processed by NARM and the requirements successfully met, the applicant will be sent information on how to schedule the Written Examination.
12. Upon passing the NARM 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.
13. Please upload all applications to Certemy. NARM discourages mailing of paper applications and is not responsible for any delay in processing or in receipt of applications mailed to NARM. If you must mail your application, please retain a copy. If you have not received confirmation of receipt within two weeks of mailing your application, please email support@narm.org.

Time frames for the entire experience: All clinicals and skills documented must have occurred within the last ten years. Clinical training documented must span at least two years.

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

CPM Application Instructions

Applicants may submit their completed applications at any time (NARM recommends that PEP Phase 3 should be submitted after review and acceptance of Phase 1-2 if possible). Applications are processed in the order that they are received. Applicants will receive an acknowledgement notifying them that the application has been received. Please contact support@narm.org if you have not received confirmation of receipt within two weeks of mailing your application.

Cultural Awareness

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

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

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. 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 Examination.

Equivalency Application

Equivalency applicants are eligible to take the NARM Examination if they have 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).

Certification

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.

Signature Guidelines

As part of the North American Registry of Midwives (NARM) application process, we require that all preceptors provide a **wet signature**—a physical signature made with ink—on Form 112g and all other required preceptor-related forms. This policy ensures consistency and authenticity in documentation.

Definition of a Wet Signature:

A wet signature is a traditional hand-signed signature using black ink on a paper document. Digital, typed, or stamped signatures are not considered valid in this context.

Why This is Required:

- The Forms 112g and 112H serves as a reference for verifying a preceptor's signature on all other documents submitted by an applicant.
- To maintain accuracy and integrity, each preceptor's signature and initials on various application documents must match their wet signature/initials on the Form 112g. No other person can sign on behalf of the preceptor, on any document. This will be considered forgery.
- This ensures that all submitted documents are properly authenticated and reduces the risk of errors or inconsistencies in the application review process.
- By adhering to this requirement, we help maintain a consistent and verifiable application process. If you have any questions or need further clarification, please contact support@narm.org.

Falsification/Forgery

The North American Registry of Midwives (NARM) is committed to upholding the integrity and credibility of the application process. To maintain the highest standards of ethics and professionalism, NARM strictly prohibits any form of forgery or falsification of documents submitted as part of the certification process.

Definitions:

- **Forgery:** The act of creating, altering, or imitating a document, signature, or official record with the intent to deceive. This includes, but is not limited to, signing another person's name, altering official documents, or fabricating information.
- **Falsification of Documents:** The act of knowingly providing false, misleading, or altered information on an application, clinical documentation including falsification of medical records/charts, or any other materials required for NARM application forms. This includes modifying dates, changing signatures, misrepresenting clinical experiences, or submitting fabricated preceptor verification.

Time Frame for Application Process

All applications should be submitted online via NARM's application portal. Please visit <https://narm.certemy.com> to set up an account or contact support@narm.org if you need assistance. Once submitted, all applications will be reviewed within 2-4 weeks.

Applicants with applications requiring corrected materials or additional items must submit required items within two weeks of notification. If the applicant does not submit corrected materials or additional items within the time frame, the application will be suspended for inactivity. One extension may be requested within the two week time frame for up to two months by contacting support@narm.org.

All applications received by NARM must be complete. NARM will suspend all incomplete applications and notify applicants. Reactivation of suspended applications is \$55 and must be done within 18 months of the suspension or the application will expire and all forms and fees will need to be resubmitted.

Once applicants are approved for eligibility for the NARM Examination, they will receive the Intent Form Certemy workflow. The applicant must schedule the examination within one year of this workflow assignment. If this deadline cannot be met, the applicant may request up to one 6 month extension.

Suspended and Expired Applications

- Phase 4 must be submitted within 6 months of passing the NARM Examination. Applicants may request one 6 month extension.
- All applications are subject to suspension or expiration due to missed deadlines for corrections.
- Suspended applications may be reactivated by contacting support@narm.org
- Expired applications are void and all forms and fees need to be resubmitted.
- All applications will expire after 18 months after a missed deadline for corrections.
- These timelines apply to all pathways and the Midwifery Bridge Certificate.
- Time limits below are calculated from the date of notification of application review from NARM.

Process	2 weeks	2 months	1 year	18 months
Corrections Requested	Suspended: request for an extension must be received by this date	Suspended if extension granted and corrections not received		Expired
NARM Exam scheduled			Expired extension request must be submitted by this date)	Expired after extension

Applicants are responsible for updating their contact information in the Certemy portal in order to receive notifications for corrections, deadlines, and updated policies.

NARM Policy Statement on Preceptor/Student Relationships

In validating the apprenticeship as a valuable form of education and training for midwifery, NARM appreciates the many variations in the preceptor/student 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/student relationships develop into a professional partnership, others are brief and specifically limited to a defined role for each participant.

Confirm that all preceptors are current NARM Registered Preceptors. Since January 1, 2017, NARM has required that all preceptors to be registered with NARM before supervising any clinicals documented on a student's NARM Application. Skills/clinicals signed off 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 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, they 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 their 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 student 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 and sign 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 student 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 student 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 student, 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 student 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 student 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 student 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 student 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 student 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 student should perform some skills at every birth listed on Form 111a and must be present throughout labor, birth, and the immediate postpartum period. The student 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 student demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor who is physically present and supervising the student’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. The preceptor holds final responsibility for all prenatal care, the birth, and postpartum care done by the student. This applies to all phases including Phase 4 that only requires births.
15. Attendance at a birth where either the student 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 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?