

Continuity of Care—Practical Experience Form 200

Applicant's Name: _____ Last four digits of Social Security #: _____

Applicants must keep the original client charts, copies, or best written documentation for all births. Two completed charts should be submitted with your application. Choose charts where there were different Registered Preceptors if applicable. NARM retains the right to request the additional charts. Charts should include **only** the prenatal record, labor flow and summary, newborn exam, and postpartums. Labs and other supplemental forms should not be submitted. Charts submitted to NARM must contain only the client code. Names, addresses, Social Security numbers, or phone numbers of the client must be removed before submission.

For each birth recorded below, the applicant must have provided at least: five prenatal visits spanning at least two trimesters, the birth (including the placenta), one newborn exam, and two postpartum exams as primary or Primary Under Supervision. Transports are not accepted for Continuity of Care births.

These births may also have been listed on other forms in this application such as Births as Primary Under Supervision Form 112a-e, Report of Clinical Experience Form 121 or Out-of-Hospital Birth Documentation Form 204.

Birth #	Client # or Code	# Prenatal visits	Birth Site ¹	Date of Birth	Newborn exam y/n?	# PP visits	Preceptor/Witness initials*	Outcome including actions, complications, transfers, etc.
1								
2								
3								
4								
5								

¹Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.) If any births occurred in Out of Country (OOC) sites, please add "**OOC**" along with the Birth Site Code in the "Birth Site." You will also need to complete the Out of Country Births Form 230 available from NARM Applications. OOC births that occurred after June 1, 2014 are **not** accepted.

***Preceptors must initial forms for Entry-Level and MEAC applicants.** Preceptors must be physically present for each clinical listed. Witnesses may initial the information for those applying through other categories.

Fill out the name, address, phone, signature and initials of each Preceptor/Witness*. Attach a copy of this sheet if necessary.

Print Preceptor/Witness* Name, Address, Phone	Signature	Initials
1		
2		
3		

All applicants must submit the clinical portion of two charts for the Continuity of Care births listed on this form. NARM reserves the right to request the other three charts.

All applications, regardless of route of entry, are subject to audit.