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# Instructions for Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a, page 1 of 2

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

The heart of midwifery is respect for the natural physiological process of birth. Verification of midwifery skills is required during the apprentice's education. The Registered Preceptor signature verifies not only that the applicant has competently performed the skill but has also demonstrated a competent understanding of all didactic components related to the skill, including definitions, normal and abnormal signs and symptoms, differential diagnosis for risk assessment, follow-up, and referral or transport when appropriate.

NARM recognizes that the Midwives Model of Care precludes performance of unnecessary interventions on mothers and/or babies for the purpose of training. All skills performed as a regular part of midwifery care should be demonstrated in a clinical setting with actual clients. Skills that may not occur during the course of an average apprenticeship (such as breech birth, manual removal of a placenta, identifying a tubal pregnancy, or other emergency skills) may be verified based on discussion, interaction, demonstration, and simulation to fulfill the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice requirement.

The NARM list of knowledge, skills, and abilities represents the curriculum for the student seeking the CPM credential, whether that education is obtained through a school, a study group, or one-on-one training with a preceptor. Each topic has a demonstration component which must be performed in a clinical setting and a knowledge component which may be verified in a clinical or non-clinical setting. Both the knowledge and demonstration components must be verified by a Registered Preceptor, but all components do not have to be verified by the same preceptor. Skills listed with an asterisk (\*) may be verified through simulation. All other skills must be demonstrated during actual clinical practice.

The performance of the skill in a clinical setting implies a thorough understanding of the didactic component, or the knowledge base behind the skill. Verification of competency includes the evaluation of knowledge inherent through performance of the skill. For example, in verifying the skill of taking a blood pressure, the preceptor must assess all of the following:

- The skill set:
  - placing the cuff and stethoscope correctly
  - following an appropriate procedure in pumping and releasing the cuff
  - obtaining an accurate reading
  - charting the results
  - explaining/communicating to client
- The knowledge base:
  - What is measured when taking the blood pressure?
  - What is the range of normal readings?
  - What causes false high or low readings?
  - What causes significant high or low readings?
  - What can be done to bring borderline readings into a normal range?
  - When is referral an appropriate response?

The knowledge base and skill set may be verified by different preceptors, but the preceptor verifying the skill set must assess the integration of the knowledge base and the skill set in order to sign the verification of clinical performance. The Comprehensive Knowledge, Skills, and Abilities list includes columns for verifying the acquisition of knowledge and for the performance of the skill in a clinical setting. The clinical preceptor must date and initial all performance skills. **Boxes containing an asterisk (\*) are skills that are unlikely to be performed in a clinical setting during training but are necessary skills for complete training. The preceptor may assess performance based on simulation.**

## **Instructions for Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a, page 2 of 2**

The knowledge component may be verified outside of a clinical setting and may be verified by the clinical preceptor or an academic preceptor. The knowledge column must also be dated and initialed by a Registered Preceptor. All preceptors who sign any part of the application must meet the NARM definition of a preceptor. Verification of the knowledge base must include an individual assessment between the student and preceptor and may be based on discussion, simulation, and role-playing. The knowledge base may not be verified based on lecture or workshop attendance unless a complete dialogue and assessment occur. The preceptor, by signature, is taking personal responsibility for verifying the student's acquisition of knowledge and not just exposure to the information. Regardless of the how the didactic education is obtained, the clinical preceptor has the most important role in verifying competency by evaluating the application of knowledge in a clinical setting.

### **Important Notes**

- ✓ Each skill on form 201a must include an educational component and a performance component. Registered Preceptors must initial both boxes, though the same preceptor does not need to initial all components. The preceptor verifying the knowledge base of the skill must initial and date under the "knowledge" column. The preceptor verifying the performance of the skill (which includes the application of knowledge) must initial and date under the "skill" column.
- ✓ Sign and notarize the affirmation at the end of the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.
- ✓ Each preceptor who has initialed a skill must complete and have notarized a copy of Preceptor Verification Form 202.

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

**For Entry Level PEP, please submit this form with Phase 3.**

Knowledge  
Initial/Date

Skill  
Initial/Date

<b>I. Midwifery Counseling, Education and Communication:</b>		
A. Provides interactive support and counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes		
B. Provides education and counseling based on maternal and paternal health/ reproductive family history and on-going risk assessment		
C. Facilitates the mother's decision of where to give birth by exploring and explaining:		
1. the advantages and the risks of different birth sites		
2. the requirements of the birth site		
3. how to prepare, equip and supply the birth site		
D. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome		
E. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum		
F. Applies the principles of informed consent		
G. Communicates practice parameters and limits of practice		
H. Applies the principles of client confidentiality		
I. Provides individualized care		
J. Advocates for the mother during pregnancy, birth and postpartum		
K. Provides culturally appropriate education, counseling and/or referral to other health care professionals, services, agencies for:		
1. genetic counseling for at-risk mothers		
2. abuse issues: including, emotional, physical and sexual		
3. prenatal testing and lab work		
4. diet, nutrition and supplements		
5. effects of smoking, drugs and alcohol use		

\*Skill may be assessed by a Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
6. social risk factors		
7. situations requiring an immediate call to the midwife		
8. sexually transmitted diseases/infections and safer sex practices		
9. blood borne pathogens: HIV, Hepatitis B, Hepatitis C		
10. complications of pregnancy		
11. environmental risk factors		
12. newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.		
13. postpartum care concerning complications and self-care		
14. contraception		
15. female reproductive anatomy and physiology		
16. monthly breast self examination techniques		
17. breastfeeding		
18. the practice of Kegel exercises		
19. risks to fetal health, including:		
a) TORCH viruses (toxoplasmosis, rubella, cytomegalovirus, herpes, other)		
b) environmental hazards		
c) teratogenic substances		
<b>II. General Healthcare Skills:</b>		
A. Demonstrates the application of Universal Precautions as they relate to midwifery:		
1. handwashing		

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## Skills Verification Form 201a, page 3 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
2. gloving and ungloving		
3. sterile technique		
B. Demonstrates optimal documentation and charting skills		
C. Offers alternative healthcare practices (non-allopathic treatments) and modalities, and educates on the benefits and contraindications:		
1. herbs		
2. hydrotherapy (baths, compresses, showers, etc.)		
D. Refers to alternative healthcare practitioners for non-allopathic treatments		
E. Manages shock by:		
1. recognition of shock, or impending shock		*
2. assessment of the cause of shock		*
3. treatment of shock:		
a) position mother flat, legs elevated 12 inches		*
b) administer oxygen		*
c) keep mother warm, avoid overheating		*
f) administer/use non-allopathic remedies		*
e) encourage deep, calm, centered breathing		*
f) administer or refer for IV fluids		*
g) activate emergency medical services		*
h) prepare to transport		*
F. Understands the benefits and risks and recommends the appropriate use of vitamin and mineral supplements including: (Prenatal Multi-Vitamin, Vitamin C, Vitamin E, Folic Acid, B-Complex, B-6, B-12, Iron, Calcium, Magnesium)		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
G. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:		
1. Lidocaine/xylocaine for suturing		*
2. medical oxygen		*
3. methergine		*
4. prescriptive ophthalmic ointment		*
5. Pitocin® for postpartum hemorrhage		*
6. RhoGam		*
7. Vitamin K:		
a) oral		*
b) IM		*
8. antibiotics for Group B Strep		*
9. IV fluids		*
H. Demonstrates knowledge of benefits/risks of ultrasounds:		
1. provides counseling regarding ultrasound		
2. makes appropriate referrals for ultrasound		
I. Demonstrates knowledge of benefits/risks of biophysical profile:		
1. provides counseling		
2. makes appropriate referrals		
J. Demonstrates knowledge of how and when to use instruments and equipment including:		
1. Amni-hook® / Amnicot®		*

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## Skills Verification Form 201a, page 5 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
2. bag and mask resuscitator		*
3. bulb syringe		
4. Delee® (tube/mouth suction device)		*
5. hemostats		
6. lancets		*
7. nitrazine paper		*
8. scissors (all kinds)		
9. suturing equipment		*
10. urinary catheter		*
11. vacutainer/blood collection tube		*
12. gestational wheel or calendar		
13. newborn and adult scale		
14. thermometer		
15. urinalysis strips		
16. cord clamp		
17. Doppler		
18. Fetoscope		
19. stethoscope		
20. vaginal speculum		
21. blood pressure cuff		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
22. oxygen tank, flow meter, cannula, and face mask		*
K. Proper use of injection equipment:		
1. syringe		*
2. single dose vial		*
3. multi dose ampule		*
4. sharps container		*
L. Draws blood for lab work		*
M. Obtains or refers for urine culture		*
N. Obtains or refers for blood screening tests		*
O. Evaluates laboratory and medical records:		
1. hematocrit/hemoglobin		
2. blood sugar (glucose)		
3. HIV		
4. Hepatitis B and C		
5. Rubella		
6. Syphilis (VDRL or RPR)		
7. Group B Strep		
8. Gonorrhea Culture		
9. complete Blood Count		
10. blood type and Rh factors		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

Knowledge  
Initial/Date

Skill  
Initial/Date

11. Rh antibodies		
12. chlamydia		
13. PAP test		
<b>III. Maternal Health Assessment:</b>		
A. Obtain and maintain records of health, reproductive and family medical history and possible implications to current pregnancy, including:		
1. personal information/demographics		
2. personal history, including religion, occupation, education, marital status, economic status, changes in health or behavior and woman's evaluation of her health and nutrition		
3. potential exposure to environmental toxins		
4. medical conditions		
5. surgical history		
6. reproductive history including:		
a) menstrual history		
b) gynecologic history		
c) sexual history		
d) childbearing history		
e) contraceptive practice		
f) history of sexually transmitted infections		
g) history of behavior posing risk for sexually transmitted infection exposure		
h) history of risk of exposure to blood borne pathogens		

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## Skills Verification Form 201a, page 8 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
i) Rh type and plan of care if negative		
7. family medical history		
8. psychosocial history		
9. history of abuse		
10. mental health		
11. Mother's medical history:		
a) genetics		
b) alcohol use		
c) drug use		
d) tobacco use		
e) allergies		
f) Father's medical history		
g) genetics		
h) alcohol use		
i) drug use		
j) tobacco use		
B. Perform a physical examination, including assessment of:		
1. general appearance/skin condition		
2. baseline weight and height		
3. vital signs		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

Knowledge  
Initial/Date

Skill  
Initial/Date

4. HEENT (Head, Eyes, Ears, Nose and Throat) including:		
a) hair and scalp		
b) eyes: pupils, whites, conjunctiva		
c) thyroid by palpation		
d) mouth, teeth, mucus membrane, and tongue		
5. lymph glands of neck, chest and under arms		
6. breasts		
a) evaluates mother's knowledge of self-breast examination techniques, instructs if needed		
b) performs breast examination		
7. torso, extremities for bruising, abrasions, moles, unusual growths		
8. baseline reflexes		
9. heart and lungs		
10. abdomen by palpation and observation for scars		
11. kidney pain (CVAT)		
12. deep tendon reflexes of the knee		
13. pelvic landmarks		
14. cervix (by speculum exam)		
15. size of the uterus and ovaries (by bimanual exam)		
16. condition of the vulva, vagina, cervix, perineum and anus		
17. musculo-skeletal system, including spine straightness and symmetry, posture		

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## Skills Verification Form 201a, page 10 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
18. vascular system (edema, varicosities, thrombophlebitis)		
<b>IV. Prenatal:</b>		
A. Assess results of routine prenatal physical exams including ongoing assessment of:		
1. maternal psycho-social, emotional health and well-being		
2. signs and symptoms of infection		
3. maternal health by tracking variations and change in:		
a) blood pressure		
b) weight		
c) color of mucus membranes		
d) general reflexes		
e) elimination/urination patterns		
f) sleep patterns		
g) energy levels		
4. nutritional patterns		
5. hemoglobin/hematocrit		
6. glucose levels		
7. breast condition/implications for breastfeeding		
8. signs of abuse		
9. urine for:		
a) appearance: color, density, odor, clarity		

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## Skills Verification Form 201a, page 11 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
b) protein		
c) glucose		
d) ketones		
e) pH		
f) Leukocytes		
g) Nitrites		
h) blood		
10. fetal heart rate/tones auscultated with fetascope or Doppler		
11. vaginal discharge or odor		
12. estimated due date based upon:		
a) last menstrual period		
b) last normal menstrual period		
c) length of cycles		
d) changes in mucus condition or ovulation history		
e) date of positive pregnancy test		
f) date of implantation bleeding		
g) quickening		
h) fundal height		
i) calendar date of conception/unprotected intercourse		
13. assessment of fetal growth and well-being:		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
a) auscultation of fetal heart		
b) correlation of weeks gestation to fundal height		
c) fetal activity and responsiveness to stimulation		
d) fetal palpation for:		
(1) fetal weight		
(2) fetal size		
(3) fetal lie		
(4) degree of fetal head flexion		
14. clonus		
15. vital signs		
16. respiratory assessment		
17. edema		
B. Records results of the examination in the prenatal records		
C. Provides prenatal education, counseling, and recommendations for:		
1. nutritional, and non-allopathic dietary supplement support		
2. normal body changes in pregnancy		
3. weight gain in pregnancy		
4. common complaints of pregnancy:		
a) sleep difficulties		
b) nausea/vomiting		

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## Skills Verification Form 201a, page 13 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
c) fatigue		
d) inflammation of the sciatic nerve		
e) breast tenderness		
f) skin itchiness		
g) vaginal yeast infections		
h) bacterial vaginosis		
i) symptoms of anemia		
j) indigestion/heartburn		
k) constipation		
l) hemorrhoids		
m) carpal tunnel syndrome		
n) round ligament pain		
o) headache		
p) leg cramps		
q) backache		
r) varicose veins		
s) sexual changes		
t) emotional changes		
u) fluid retention/swelling/edema		
5 Physical preparation:		

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## Skills Verification Form 201a, page 14 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
a) preparation of the perineum		
b) physical activities for labor preparation (e.g., movement and exercise)		
D. Recognizes and responds to potential prenatal complications/vari- ations by identifying/assessing:		
1. antepartum bleeding:		
a) first trimester		*
b) second trimester		*
c) third trimester		*
2. identifying pregnancy-induced hypertension		*
3. assessing, educating and counseling for pregnancy-induced hyperten- sion with:		
a) nutritional/hydration assessment		
b) administration of calcium/magnesium supplement		
c) stress assessment and management		
d) non-allopathic remedies		
e) monitoring for signs and symptoms of increased severity		
f) increased frequency of maternal assessment		
g) hydrotherapy		
4. identifying and consulting, collaborating or referring for:		
a) pre-eclampsia		*
b) gestational diabetes		*
c) urinary tract infection		*

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## Skills Verification Form 201a, page 15 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
d) fetus small for gestational age		*
e) intrauterine growth retardation		*
f) thrombophlebitis		*
g) oligohydramnios		*
h) polyhydramnios		*
5. breech presentations:		
a) identifying breech presentation		*
b) turning breech presentation with:		
(1) alternative positions (tilt board, exercises, etc.)		*
(2) referral for external version		*
(3) non-allopathic methods (moxibustion, homeopathic)		*
c) management strategies for unexpected breech delivery		*
6. multiple gestation:		
a) identifying multiple gestation		*
b) management strategies for unexpected multiple births		*
7. occiput posterior position:		
a) identification		
b) prevention		
c) techniques to encourage rotation		
8. vaginal birth after cesarean (VBAC):		

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## Skills Verification Form 201a, page 16 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
a) identifying VBACs by history and physical		*
b) indications/contraindications for out-of-hospital births		*
c) management strategies for VBAC		*
d) recognizes signs, symptoms of uterine rupture and knows emergency treatment		*
9. identifying and dealing with pre-term labor with:		
a) referral		*
b) consults for preterm labor		*
c) treats for preterm labor:		
(1) increase of fluids		*
(2) non-allopathic remedies		*
(3) discussion of the mother's fears - emotional support		*
(4) consumption of an alcoholic beverage		*
(5) evaluation of urinary tract infection		*
(6) evaluation of other maternal infection		*
(7) bed rest		*
(8) pelvic rest (including no sexual intercourse)		*
(9) no breast stimulation (including nursing)		*
10. assessing and evaluating a post-date pregnancy by monitoring/assessing:		
a) fetal movement, growth, and heart tone variability		
b) estimated due date calculation		

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## Skills Verification Form 201a, page 17 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
c) previous birth patterns		
d) amniotic fluid volume		
e) maternal tracking of fetal movement		
f) consultation or referral for:		
(1) ultrasound		
(2) non-stress test		
(3) biophysical profile		
11. treating a post-date pregnancy by stimulating the onset of labor:		
a) sexual/nipple stimulation		*
b) assessment of emotional blockage and/or fears		*
c) stripping membranes		*
d) cervical massage		*
e) castor oil induction		*
f) non-allopathic therapies		*
g) physical activity		*
h) repositioning a posterior baby		*
i) refer for chiropractic adjustment		*
j) refer for acupuncture		*
12. identifying and referring for:		
a) tubal pregnancy		*

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## Skills Verification Form 201a, page 18 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
b) molar pregnancy		*
c) ectopic pregnancy		*
d) placental abruption		*
e) placenta previa		*
13. identifying premature rupture of membranes		
14. managing premature rupture of membranes in a FULL-TERM pregnancy:		
a) monitor fetal heart tones and movement		
b) minimize internal vaginal examinations		
c) reinforce appropriate hygiene techniques		
d) monitor vital signs for signs of infection		
e) encourage increased fluid intake		
f) support nutritional/non-allopathic treatment		
g) stimulate labor		
h) consult for prolonged rupture of membranes		
i) review Group B Strep status and inform of options		
15. consult and refer for premature rupture of membranes in PRE-TERM pregnancy		*
16. establishes and follows emergency contingency plans for mother/baby		
<b>V. Labor, Birth and Immediate Postpartum</b>		
A. Facilitates maternal relaxation and provides comfort measure throughout labor by administering/encouraging:		
1. massage		

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## Skills Verification Form 201a, page 19 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
2. hydrotherapy (compresses, baths, showers)		
3. warmth for physical and emotional comfort (e.g., compresses, moist warm towels, heating pads, hot water bottles, friction heat)		
4. communication in a calming tone of voice, using kind and encouraging words		
5. the use of music or sound		
6. silence		
7. continued mobility throughout labor		
8. pain management:		
a) differentiation between normal and abnormal pain		
b) validation of the woman's experience/fears		
c) counter-pressure on back		
d) relaxation/breathing techniques		
e) non-allopathic treatments		
f) position changes		
B. Evaluates/responds during first stage:		
1. assess maternal/infant status based upon:		
a) vital signs		
b) food and fluid intake/output		
c) status of membranes		
d) uterine contractions for frequency, duration and intensity with a basic intrapartum examination		
e) fetal heart tones		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
f) fetal lie, presentation, position and descent with:		
(1) visual observation		
(2) abdominal palpation		
(3) vaginal examination		
g) effacement, dilation of cervix and station of the presenting part		
h) maternal dehydration and/or vomiting by administering:		
(1) fluids by mouth		
(2) ice chips		
(3) oral herbal/homeopathic remedies		
(4) IV fluids (administer or refer for)		
2. anterior/swollen lip by administering/supporting:		
a) position change		*
b) light pressure or massage to cervical lip		*
c) warm bath		*
d) pushing the lip over the baby's head while the mother pushes		*
e) deep breathing and relaxation between contractions		*
f) non-allopathic treatments		*
3. posterior, asynclitic position by encouraging and/or supporting:		
a) the mother's choice of position		
b) physical activities (pelvic rocking, stair climbing, walking, etc.)		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
c) non-allopathic treatments		
d) rest or relaxation		
e) manual internal rotation ("dialing the phone")		*
4. pendulous belly inhibiting descent by:		
a) assisting the positioning of the uterus over the pelvis		*
b) positioning semi-reclining on back		*
c) lithotomy position		*
5. labor progress by providing:		
a) psychological support		
b) position change		
c) nutritional support		
d) rest		
e) physical activity		
f) non-allopathic treatments		
g) nipple stimulation		*
C. Demonstrates the ability to evaluate/support during second stage:		
1. wait for the natural urge to push		
2. encourage aggressive pushing in emergency situations		*
3. allow the mother to choose the birthing position		
4. recommend position change as needed		

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Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
5. perineal support		
6. encourage the mother to touch the newborn during crowning		
7. provide an appropriate atmosphere for the moment of emergence		
D. Accurate and complete recordkeeping and documentation of labor and birth		
E. Demonstrates the ability to recognize and respond to labor and birth complications such as:		
1. abnormal fetal heart tones and patterns by:		
a) administer oxygen to mother		*
b) change maternal position		*
c) facilitate quick delivery if birth is imminent		*
d) encourage deep breathing		*
e) evaluate for consultation and referral		*
f) evaluate for transport		*
2. cord prolapse by:		
a) change maternal position to knee-chest		*
b) activate emergency medical services/medical backup plan		*
c) monitor FHT and cord for pulsation		*
d) keep the presenting cord warm, moist and protected		*
e) administer oxygen to mother		*
f) place cord back into vagina		*
g) facilitate immediate delivery, if birth is imminent		*

\*Skill may be assessed by a Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.



## Skills Verification Form 201a, page 23 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
h) prepare to resuscitate the newborn		*
3. variations in presentation:		
a) breech:		
(1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation		*
(2) hand maneuvers for assisting delivery		*
(3) techniques for release of nuchal arm with breech		*
b) nuchal hand/arm:		
(1) apply counter pressure to hand/or arm and the perineum		*
(2) sweep arm out		*
c) nuchal cord:		
(1) loop finger under the cord, and sliding it over head		*
(2) loop finger under the cord, and sliding it over the shoulder		*
(3) clamp cord in two places, cutting the cord between the two clamps		*
(4) press baby's head into perineum and somersault the baby out		*
(5) prepare to resuscitate the baby		*
d) face and brow:		
(1) prepare for imminent birth		*
(2) determine position of chin		*
(3) prepare resuscitation equipment		*
(4) prepare treatment for newborn bruising/swelling		*

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## Skills Verification Form 201a, page 24 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
(5) administer amica		*
(6) position the mother in a squat		*
(7) prepare for potential eye injury		*
e) multiple birth and delivery:		
(1) identifies multiple gestation		*
(2) consults or transports according to plan		*
(3) prepares for attention to more than one		*
f) shoulder dystocia:		
(1) apply gentle traction while encouraging pushing		*
(2) reposition the mother to:		
(a) hands and knees (Gaskin maneuver)		*
(b) exaggerated lithotomy (McRobert's position)		*
(c) end of bed		*
(d) squat		*
(3) reposition shoulders to oblique diameter		*
(4) extract the posterior arm		*
(5) flex shoulders of newborn, then corkscrew		*
(6) apply supra-pubic pressure		*
(7) sweep arm across newborn's face		*
(8) fracture baby's clavicle		*

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## Skills Verification Form 201a, page 25 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
4. vaginal birth after cesarean (vbac)		*
5. management of meconium stained fluids:		
a) assess presence of meconium		
b) assess baby's status - vigorous/non-vigorous		
c) suction mouth and trachea, if indicated		
d) ongoing evaluation		
6. management of maternal exhaustion by:		
a) adequate hydration		
b) nutritional support		
c) increase rest		
d) non-allopathic treatments		
e) evaluate the mother's psychological condition		
f) monitor vital signs		
g) monitor fetal well-being		
h) evaluate urine for ketones		
i) evaluate effect of support team or visitors		
j) evaluate for consultation and/or referral		
F. recognize/consult/transport for signs of:		
1. uterine rupture		*
2. uterine inversion		*

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## Skills Verification Form 201a, page 26 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
3. amniotic fluid embolism		*
4. stillbirth		*
G. assess the condition of, and provide care for the newborn:		
1. keep baby warm		
2. make initial newborn assessment		
3. determine APGAR score at:		
a) 1 minute		
b) 5 minutes		
c) 10 minutes (as appropriate)		
4. keep baby and mother together		
5. monitor respiratory and cardiac function by assessing:		
a) symmetry of the chest		
b) sound and rate of heart tones and respirations		
c) nasal flaring		
d) grunting		
e) chest retractions		
f) circumoral cyanosis		
g) central cyanosis		
6. stimulate newborn respiration:		
a) rub up the baby's spine		

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## Skills Verification Form 201a, page 27 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
b) encourage parental touch, and call newborn's name		
c) flick or rub the soles of the baby's feet		
d) keep baby warm		
e) rub skin with blanket		
f) apply percussion massage for wet lungs		
7. responding to the need for newborn resuscitation:		
a) administer mouth-to-mouth breaths		*
b) positive pressure ventilation for 15-30 seconds		*
c) administer oxygen		*
d) leave cord unclamped until placenta delivers		*
e) consult and transport if needed		*
8. recognize and consult or transport for apparent birth defects		*
9. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or refers as needed		*
10. support family bonding		*
11. immediate cord care:		
a) clamping the cord after pulsing stops		
b) cutting the cord after clamping		
c) evaluating the cord stump		
d) collecting a cord blood sample, if needed		
12. administer eye prophylaxis		*

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## Skills Verification Form 201a, page 28 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
13. assess gestational age		
14. assess for central nervous system disorder		
H. Assist in placental delivery and responds to blood loss:		
1. remind mother of the onset of third stage of labor		
2. determine signs of placental separation such as:		
a) separation gush		
b) contractions		
c) lengthening of cord		
d) urge to push		
e) rise in fundus		
3. facilitate the delivery of the placenta by:		
a) breast feeding/nipple stimulation		
b) change the mother's position		
c) perform guarded cord traction		
d) emptying the bladder		
e) administer non-allopathic treatment		
f) encourage release verbally		
g) manual removal of placenta		*
h) transport for removal of placenta		*
4. after delivery, assess the condition of the placenta		

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## Skills Verification Form 201a, page 29 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
5. estimate blood loss		
6. respond to a trickle bleed by:		
a) assess origin		
b) assess fundal height and uterine size		
c) fundal massage		
d) assess vital signs		
e) empty bladder		
f) breastfeeding or nipple stimulation		
g) express clots		
h) non-allopathic treatments		
7. respond to a vaginal tear and bleeding with:		
a) assessment of blood color and volume		
b) direct pressure on tear		*
c) suturing		*
d) clamp with forceps		*
8. respond to postpartum hemorrhage with:		
a) fundal massage		
b) external bimanual compression		*
c) internal bimanual compression		*
d) manual removal of clots		*

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## Skills Verification Form 201a, page 30 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
e) administer medication		*
f) non-allopathic treatments		*
g) maternal focus on stopping the bleeding/tightening the uterus		*
h) administer oxygen		*
i) treat for shock		*
j) consult and/or transfer		*
k) activate medical emergency backup plan		*
l) prepare to increase postpartum care		*
m) administer or refer for IV fluids		*
I. Assess general condition of mother:		
1. assess for bladder distension:		
a) encourage urination for bladder distension		
b) perform catheterization for bladder distension		*
2. assess lochia		
3. assess the condition of vagina, cervix and perineum for:		
a) cystocele		
b) rectocele		
c) hematoma		
d) tears, lacerations		
e) hemorrhoids		

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## Skills Verification Form 201a, page 31 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
f) bruising		
g) prolapsed cervix		
4. repair the perineum:		
a) administer a local anesthetic		*
b) perform basic suturing of:		
(1) 1st degree tears		*
(2) 2nd degree tears		*
(3) labial tears		*
c) provide alternate repair methods (non-suturing)		*
5. provide instruction for care and treatment of the perineum		
6. facilitate breastfeeding by assisting and teaching about:		
a) colostrum		
b) positions for mother and baby		
c) skin-to-skin contact		
d) latching on		
e) maternal hydration		
f) maternal nutrition		
g) maternal rest		
h) feeding patterns		
i) maternal comfort measures for engorgement		

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## Skills Verification Form 201a, page 32 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
j) letdown reflex		
k) milk expression		
l) normal newborn urine and stool output		
J. Perform a Newborn Exam by assessing:		
1. the head for:		
a) size/circumference		
b) molding		
c) hematoma		
d) caput		
e) sutures		
f) fontanel		
2. the eyes for:		
a) jaundice		
b) pupil condition		
c) tracking		
d) spacing		
e) clarity		
f) hemorrhage		
g) discharge		
3. the ears for:		

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## Skills Verification Form 201a, page 33 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
a) positioning		
b) response to sound		
c) patency		
d) cartilage		
4. the mouth for:		
a) appearance and feel of palate		
b) lip and mouth color		
c) tongue		
d) lip cleft		
e) signs of dehydration		
5. the nose for:		
a) patency		
b) flaring nostrils		
6. the neck for:		
a) enlarged glands; thyroid and lymph		
b) trachea placement		
c) soft tissue swelling		
d) unusual range of motion		
7. the clavicle for:		
a) integrity		

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## Skills Verification Form 201a, page 34 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
b) symmetry		
8. the chest for:		
a) symmetry		
b) nipples		
c) breast enlargement including discharge		
d) measurement (chest circumference)		
e) count heart rate		
f) monitor heartbeat for irregularities		
g) auscultate the lungs, front and back for:		
(1) breath sounds		
(2) equal bilateral expansion		
9. the abdomen for:		
a) enlarged organs		
b) masses		
c) hernias		
d) bowel sounds		
e) rigidity		
10. the groin for:		
a) femoral pulses		
b) swollen glands		

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## Skills Verification Form 201a, page 35 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

Knowledge  
Initial/Date

Skill  
Initial/Date

11. the genitalia for:		
a) appearance		
b) position of urethral opening		
c) testicles for:		
(1) descent		
(2) rugae		
(3) herniation		
d) labia for:		
(1) patency		
(2) maturity of clitoris and labia		
12. the rectum for:		
a) patency		
b) meconium		
13. abduct hips for dislocation		
14. the legs for:		
a) symmetry of creases in the back of the legs		
b) equal length		
c) foot/ankle abnormality		
15. the feet for:		
a) digits, number, webbing		

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## Skills Verification Form 201a, page 36 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
b) creases		
c) abnormalities		
16. the arms for symmetry in:		
a) structure		
b) movement		
17. the hands for:		
a) number of digits, webbing		
b) finger taper		
c) palm crease		
d) length of nails		
18. the backside of baby for:		
a) symmetry of hips, range of motion		
b) condition of the spine:		
(1) dimpling		
(2) holes		
(3) straightness		
19. temperature		
20. flexion of extremities and muscle tone		
21. reflexes:		
a) sucking		

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## Skills Verification Form 201a, page 37 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
b) moro		
c) babinski		
d) plantar/palmar		
e) stepping		
f) grasping		
g) rooting		
h) blinking		
22. skin condition for:		
a) color		
b) lesions		
c) birthmarks		
d) milia		
e) vernix		
f) lanugo		
g) peeling		
h) rashes		
i) bruising		
j) Mongolian spots		
23. length of baby		
24. weight of baby		

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## Skills Verification Form 201a, page 38 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

Knowledge  
Initial/Date

Skill  
Initial/Date

<b>VI. The Postpartum Period:</b>		
A. Completes the birth certificate		
B. Performs postpartum reevaluation of mother and baby at:		
1. day-one to day-two		
2. day-three to day-four		
3. one to two weeks		
4. three to four weeks		
5. five to six weeks		
C. Assesses and provides counseling and education as needed, for:		
1. postpartum-subjective history		
2. lochia vs abnormal bleeding		
3. return of menses		
4. vital signs, digestion, elimination patterns		
5. breastfeeding, condition of breasts and nipples		
6. muscle prolapse of vagina and rectum (cystocele, rectocele)		
7. strength of pelvic floor		
8. condition of the uterus (size and involution), ovaries and cervix		
9. condition of the vulva, vagina, perineum and anus		
D. Educates regarding adverse factors affecting breastfeeding:		
1. environmental		

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## Skills Verification Form 201a, page 39 of 43

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

	Knowledge Initial/Date	Skill Initial/Date
2. biological		
3. occupational		
4. pharmacological		
E. Provides contraceptive/family planning education and counseling		
F. Facilitate psycho-social adjustment		
G. Provides opportunity for client feedback:		
1. verbal		
2. written		
H. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:		
1. uterine infection		*
2. urinary tract infection		*
3. infection of vaginal tear or incision		*
4. postpartum depression		*
5. postpartum psychosis		*
6. late postpartum bleeding/hemorrhage		*
7. thrombophlebitis		*
8. separation of abdominal muscles		*
9. separation of symphysis pubis		*
I. Assesses for, and treats jaundice by:		
1. encourage mother to breastfeed every two hours		

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## Skills Verification Form 201a, page 40 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
2. expose the front and back of newborn to sunlight through window glass		
3. assess newborn lethargy and hydration		
4. consult or refer		
J. Provide direction for care of circumcised penis		
K. Provide direction for care of uncircumcised penis		
L. Treat thrush on nipples:		
1. dry nipples after nursing		*
2. non-allopathic remedies		*
3. allopathic treatments		*
M. Treat sore nipples with:		
1. exposure to air		
2. suggest alternate nursing positions		
3. evaluate baby's sucking method		
4. apply topical agents		
5. apply expressed milk		
N. Treat mastitis by:		
1. provide immune system support including:		
a) nutrition/hydration		
b) non-allopathic remedies		
2. encourage multiple nursing positions		

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## Skills Verification Form 201a, page 41 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
3. apply herbal/non-allopathic compresses		
4. apply warmth, soaking in tub or by shower		
5. encourage adequate rest/relaxation		
6. assess for signs and symptoms of infections		
7. teach mother to empty breasts at each feeding		
8. provide/teach gentle massage of sore spots		
9. consult/refer to:		
a) La Leche League		
b) lactation counselor		
c) other healthcare providers		
<b>VII. Well-Baby Care:</b>		
A. Provide well-baby care up to six weeks		
B. Instruct on newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.		
C. Assess the current health and appearance of baby including:		
1. temperature		
2. heart rate, rhythm and regularity		
3. respirations		
4. appropriate weight gain		
5. length		
6. measurement of circumference of head		

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## Skills Verification Form 201a, page 42 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
7. neuro-muscular response		
8. level of alertness		
9. wake/sleep cycles		
10. feeding patterns		
11. urination and stool for frequency, quantity and color		
12. appearance of skin		
13. jaundice		
14. condition of cord		
D. Instructs mother in care of:		
1. diaper rash		
2. cradle cap		
3. heat rash		
E. Advises and facilitates treatment of thrush		
F. Advises and facilitates treatment for colic		
G. Recognizes signs/symptoms and differential diagnosis of:		
1. infections		*
2. cardio-respiratory abnormalities		*
3. glucose disorders		*
4. hyperbilirubinemia		*
5. birth defects		*

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## Skills Verification Form 201a, page 43 of 43

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

	Knowledge Initial/Date	Skill Initial/Date
6. failure to thrive		*
7. newborn hemorrhagic disease (early and late onset)		*
8. polycythemia		*
H. Provide information for referral for continued well-baby care		*
I. Support integration of baby into family		*
J. Perform or refer for newborn metabolic screening		*
K. Perform or refer for hearing screening		*

I, \_\_\_\_\_, whose name appears on each of the pages herein, hereby do affirm that all of the information on these pages is true and correct to the best of my ability: and by signing before the Notary I am affirming that I can provide information or witnesses to attest to my having acquired the above skills in the above way(s).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day, of the month of \_\_\_\_\_  
in the year \_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
(Notary Signature)

My Commission Expires: \_\_\_\_\_

\*Skill may be assessed by a Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.