
Preceptor Verification of Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Form 202

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

Make a copy of this Form 202 for each preceptor who has initialed skills in the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice* Verification Form 201. They must fill out this form.

Preceptor Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

I, _____, affirm and have witnessed that the applicant, _____, has acquired and is proficient in the performance of the skill(s) that I initialed on the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice* Verification Form 201.

By checking this box, I affirm I was a NARM Registered Preceptor at the time of verifying the skill and/or clinical.

Preceptors for International Births:

I have received approval to serve as a preceptor (for skills and clinicals received in out of country sites **only**) from the NARM Board and am including a copy of the letter.

I affirm that I have read and understand the NARM Policy Statement on Preceptor/Student Relationships.

Preceptor's Signature: _____

Preceptor's Initials: _____ Date: _____