

*The North American
Registry of Midwives
Certified
Professional
Midwife
(CPM)*

*CPM Application
Packet*

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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 awareness
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 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

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. 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 Schedule

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 Fees (postmarked before January 1, 2019):

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
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

Application Fees (postmarked after January 1, 2019):

Application Type	Application Fees	Examination Fee
PEP-Entry Level	Phase 1 - \$225 (\$243) Phase 2 - \$425 (\$459) Phase 3 - \$425 (\$459) Phase 4 - \$125 (\$135)	\$900 (\$972) ¹
PEP-Experienced Midwife	\$1100 (\$1188)	\$900 (\$972) ¹
MEAC Graduate	\$1100 (\$1188)	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.

Additional NARM Fees:

	Forms Postmarked	
	Before Jan 1, 2019	After Jan 1, 2019
Purchase printed Application form (or download pdf for free)	\$50	(\$54)
Resubmission fee for applications returned by NARM	\$100	(\$108)
Retake Fee (Written Examination)	\$400	(\$432)
Rescheduling Fee (NARM Written Examination)	\$100	(\$108)
Recertification Fee (before expiration)	\$150	(\$162) \$200 (\$216)
Recertification Fee (within 90 days after expiration)	\$200	(\$216) \$250 (\$270)
Extension Fee (delayed response for requested information)	\$50	(\$54)
Inactive Fee (per year)	\$35	(\$38)
Inactive Status (postmarked within 90 days of expiration)	\$50	(\$54)
Recertification after Expired Status	\$550	(\$594) \$600 (\$648)
Recertification after Expiration (State Licensed-current)	\$250	(\$270)
Retirement Fee	\$65	(\$70)
NARM Registered Preceptor certificate	\$20	(\$22)
Additional CPM certificate and wallet card	\$30	(\$32)
Additional CPM certificate	\$20	(\$22)
Additional CPM wallet card	\$20	(\$22)

Midwives who have previously passed the NARM Written Examination may subtract the fee paid for the examination from the certification fee.

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?

**NARM
General
Application
Form 100**

NARM General Application Form 100, page 1 of 3

The application must be filled out completely in English in black ink or typed.

First Name: _____ Last Name: _____ Middle Initial: _____

Please **carefully** print your legal name above as you want it to appear on your CPM certificate.

Any other names listed on supporting documents: _____

Residential address: _____ City: _____

Province/State: _____ Zip Code: _____ Country: _____

Mailing Address: _____ City: _____

Complete only if different from residential address.

Province/State: _____ Zip Code: _____ Country: _____

Last four digits of Social Security #: _____ Date of Birth: _____

Primary phone: _____ Secondary phone: _____

Fax: _____ E-mail: _____

Primary Language: _____ Other Languages: _____

Gender— Female Male

Do you have any special test-taking needs? Yes No

If yes, please submit the required documentation with this application and also to the NARM Testing Department at testing@narm.org. Documentation must include a letter of special request and documentation from a professional educational or psychological evaluator describing the disability and type of accommodation needed.

Check one or more to indicate what you consider yourself to be (For demographic use only):

Racial/Ethnic Origin:

Religion:

White or Caucasian

Christian

Black or African American

Hindu

Hispanic or Latino

Jewish

Filipino

Buddhist

Chinese

Muslim

Japanese

Atheist

Korean

Other: _____

Vietnamese

Asian Indian

American Indian, Alaska Native, or Hawaiian,

Name of enrolled or principle tribe: _____

Other: _____

NARM General Application Form 100, page 2 of 3

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

Education Background

NARM requires applicants meet the minimum education level of a high school diploma or greater. Check the box that best describes the highest degree or level of school completed:

- High school graduate or equivalent
- Some college credit but not degree
- Vocational/technical certificate, please specify: _____
- Associate degree, please specify: _____
- Bachelor's degree, please specify: _____
- Master's degree, please specify: _____
- Doctorate degree, please specify: _____
- Other: _____

Specialized Midwifery Training

Check all boxes that best describe your midwifery training:

- Apprenticeship towards NARM certification (PEP process)
- Self-trained (experienced midwife)
- State-approved midwifery program, please specify: _____
- Formal midwifery school not accredited by MEAC, please specify: _____
- MEAC-accredited midwifery school, please specify: _____
- Obtained a degree towards CNM/CM certification, please specify: _____
- Obtained a midwifery credential outside the U.S., please specify: _____

When did you start your midwifery training? Month: _____ Year: _____

Work Experience Relevant to the Acquisition of Midwifery Skills

Please list any midwifery-related work experience.

Name/Address of Institution or Practice	Type of Work	Dates from/to

NARM General Application Form 100, page 3 of 3

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

Affirmation of Honest Intent of Representation:

I, _____, in applying for North American Registry of Midwives (NARM) Certification, do hereby acknowledge that honesty in relationship to the clients I serve is of utmost importance. I affirm that I, to the best of my ability and professional integrity, will always represent my practice, knowledge, skills, experience and expertise honestly and fairly.

I, _____, affirm I have read the Candidate Information Booklet (CIB).

I, _____, affirm I have read and understand the NARM Policy Statement on Preceptor/Apprentice Relationships instructions in this application.

I, _____, agree to participate in the complaint review process/ grievance mechanism outlined in the *Candidate Information Booklet* (CIB) if a complaint is filed against me.

I, _____, hold the North American Registry of Midwives (NARM) Board free from any damage or complaint by reason of any action that they take in connection with grades given with respect to any examination, or the failure of said Board to issue me such certification. I understand that NARM reserves the authority to reject applications and to establish and maintain the standards for certification.

I, _____, declare and affirm that the statements made in this application, including accompanying statements and documents, are true, complete and correct. I understand that any false or misleading information in connection with my application may be cause for denial or loss of certification.

Print Applicant's Name

Applicant's Signature

Date

Entry-Level PEP

Entry-Level PEP candidates must:

Step 1: Complete NARM's Portfolio Evaluation Process (PEP)

- A. Fulfill the General Education Requirements (described in the *Candidate Information Booklet (CIB)*).
- B. Complete the General Application Form 100 and PEP Application forms.
- C. Experience in specific settings:
 - A minimum of five home births must be attended in Phases 1, 2, and/or 3.
 - A minimum of two planned hospital births must be attended in any role in either Phases 1, 2, or 3. These cannot be intrapartum transports but may be antepartum referrals.
- D. Provide verification from the NARM Registered Preceptor(s) that the applicant has achieved proficiency on each area listed on Form 201a - *Skills, Knowledge, and Abilities Essential for Competent Practice Verification Form*.
- E. Submit copies of both sides of **current** adult CPR **and** neonatal resuscitation certification.
- F. Provide an affidavit (notarized statement) from the NARM Registered Preceptor(s) asserting that the applicant utilizes:
 1. Practice Guidelines;
 2. Emergency Care Form;
 3. Informed Disclosure (given at initiation of care); and
 4. Informed Consent documents (used for shared decision making during care).
- G. Provide three letters of reference (personal, professional and client). All three letters *must* be sent directly to NARM by the individual providing the reference, **not by the applicant**.
- H. Submit documentation of workshop, course, or module on cultural awareness.
- I. Complete the Second Verification of Skills Form 206.

Upon fulfillment of the above requirements, the applicant will be sent a Letter of Completion of NARM's Portfolio Evaluation Process (PEP) Phases 1-3.

Step 2: Written Examination

- A. Submit PEP CPM Application Checklist Form 400 (which will be sent to you with your Letter of Completion of NARM's PEP Process) and test fee.
- B. Send Letter of Completion of NARM's PEP as verification of experience and skills.
- C. Pass the NARM Written Examination.

Step 3: Certification

- A. Submit Phase 4 requirements.
- B. Submit any outstanding documentation or updated CPR/neonatal resuscitation.

Instructions for the PEP Entry-Level Forms

Clinical training documented in Phases 1-3 must span a minimum of two years and a maximum of ten years. Out of Country (OOC) births that occurred after June 1, 2014 are *not* accepted for any Phase of the PEP Application route.

Phase 1: Births as an Observer

Document attendance at ten births in any setting, in any capacity (observer, doula, family member, friend, beginning apprentice). These births may be verified by any witness who was present at the birth. This form may be submitted prior to or along with Phases 2 or 3. Births on this form should not be included on any other form.

Phase 2: Clinicals as Assistant Under Supervision

Document at least 20 births, 25 prenatals (including three initial exams), 20 newborn exams, 10 postpartum visits as an assistant under the supervision of a NARM Registered Preceptor. Eighteen births in this category must be completed before beginning Primary Under Supervision births. Documented assists should show increasing responsibility. Determination of readiness for serving as Primary Under Supervision is at the discretion of the supervising preceptor and may require more births as an assistant before moving to the next step.

Phase 3: Clinicals as Primary Under Supervision

Document 20 births, 75 prenatals (including 20 initial prenatals), 20 newborn exams, and 40 postpartum exams as a primary midwife under supervision. Two intrapartum transports are allowed if labor began in an Out of Hospital (OOH) setting. CPR and neonatal resuscitation are submitted with this phase. The verification of Knowledge and Skills (Form 201a) will be submitted with this phase as well as the Second Verification of Skills (Form 206). The Knowledge and Skills list will include verification of both the knowledge base and the performance of skills in a clinical setting. The student is eligible to register for the NARM Written Examination once the first three phases have been submitted and approved.

- **Continuity of Care:**

Of the 20 primary births required under supervision in Phase 3, five require full Continuity of Care (COC), and ten more require at least one prenatal under supervision.

- **Full Continuity for five Primary Births:**

Five Continuity of Care as a primary midwife under supervision will include five prenatals spanning at least two trimesters, the birth, newborn exam and two postpartum exams. Multiple preceptors can verify the continuity of care. The newborn exam must be done within 12 hours of the birth; maternal postpartum exams must be done between 24 hours and six weeks following the birth.

- **Prenatals for ten Additional Primary Under Supervision births:**

Students must have attended at least one prenatal with the mother prior to her labor and birth for ten of the 20 primary births under supervision in Phase 3 (in addition to the five with full COC).

Phase 4: Five Additional Births as Primary Under Supervision:

Document five additional births as primary under the supervision of a Registered Preceptor. These births must have occurred after completion of all Phase two requirements and may be submitted before or after the Written Examination. Only one maternal transport may be included if the labor begins in the OOH setting. Submission of this form is expected within six months of passing the examination unless a request for an extension is made.

A NARM Registered Preceptor is defined as a primary midwife who has current, approved registration through NARM. The Registered Preceptor:

- Must be credentialed 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;
- Must have completed the NARM Preceptor Registration Form 700 and remain current with their registration;
- Is responsible for the prenatal, intrapartum, postpartum, and/or newborn care; and
- Is physically present in the same room in a supervisory capacity during that care in which this applicant acted as primary under supervision.

The preceptor privileges of some midwives have been revoked. It is the student's responsibility to verify the preceptor's status by asking his/her preceptor or contacting NARM.

Effective January 1, 2017, 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.

Checklist for Entry-Level Midwife, Form 110 - Phase 1, Births as an Observer

- ✓ Important: Send all application materials in one package; Phases may be submitted as completed. Incomplete applications or applications that are not legible will be returned.
- ✓ Use **only** official NARM Forms for **all** materials submitted. **Do not make up forms.**
- ✓ Make a copy of all completed NARM Application Forms filled out in English. Send the original with the application and **keep a copy for your records.** Original refers to the application forms and notarized documents.
- ✓ Applications should not be submitted in binders or plastic sleeves.
- ✓ 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.
- ✓ 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.
- ✓ Phase 1, Births as an Observer may be submitted prior to or along with Phases 2 or 3.

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

Return this checklist along with the following:

- General Application Form 100 (if not sent previously)
 - A copy of **current** legal photo identification—passport or driver's license (if not sent previously)
 - A head and shoulders photo taken within the last six months with the applicant's signature on the back (if not sent previously)
 - Births as an Observer Form 110a
 - Phase 1 Application Fee
 - \$200 certified check or money order in U.S. funds (no personal checks), or
 - \$216 for a credit card.
- If paying by credit card, please indicate card type: Visa Mastercard
- Credit Card #: _____ - _____ - _____ - _____ Exp Date: _____ / _____
Month Year
- Name on card: _____ Billing zip code: _____
- *By providing your credit card details, you are authorizing NARM to process your payment including the 8% handling fee.
- This Checklist Form 110

When all application documents in Phase 1 are completed, mail the original (and keep a copy for your records) to:

NARM Applications
P.O. Box 420
Summertown, TN 38483

Applications mailed to other NARM offices will be returned.

Births as an Observer Form 110a - Phase 1, 1 of 2

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

Document attendance at ten births in any setting in any capacity (observer, doula, family member, friend, beginning apprentice, etc.). These births may be verified by any witness who was present at the birth.

Two planned hospital births and five home births must be documented in Phases 1, 2, and/or 3.

Births on this form must be listed in chronological order and may not be listed on other forms.

This form may be submitted prior to or along with Phases 2 or 3.

Birth #	Client # or Code	Date of Birth	Planned setting for birth ¹	Actual site of birth ¹	Brief description of observer's role	Witness ² Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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.

²Witness: anyone other than the applicant present at the birth shall initial this column.

The column for "Preceptor/Witness Initials" must *only* be initialed by the actual preceptor/witness.

Entry-Level Midwife

Births as an Observer Form 110a, - Phase 1, 2 of 2

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

To be filled out and initialed by **each** witness listed on Births as an Observer Form 110.

Print Witness(es) Name, Address, Phone	E-Mail address	Witness Initials
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Checklist for Entry-Level Midwife, Form 111

Phase 2, Assistant Under Supervision, page 1 of 2

- ✓ **Confirm that all preceptors are current NARM Registered Preceptors.** Effective January 1, 2017, 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.
- ✓ **Important:** Send all application materials in one package. Phases 1 and 2 may be submitted as completed. Incomplete applications or applications that are not legible will be returned.
- ✓ Make a copy of all completed NARM Application Forms filled out in English. Send the original with the application and **keep a copy for your records**. Original refers to the application forms and notarized documents.
- ✓ Use only official NARM Forms for all materials submitted (including reference letters). Do not make up forms.
- ✓ Applications should not be submitted in binders or plastic sleeves.
- ✓ 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.
- ✓ 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.

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

Return this checklist along with the following:

- General Application Form 100 (if not sent previously).
 - Phase 2 Application Fee of:
 - \$400 certified check or money order in U.S. funds (no personal checks), or
 - \$432 for a credit card.
 - If paying by credit card, please indicate card type: Visa Mastercard
 - Credit Card #*: _____ - _____ - _____ - _____ Exp Date: _____ / _____
Month Year
 - Name on card: _____ Billing zip code: _____
- *By providing your credit card details, you are authorizing NARM to process your payment including the 8% handling fee.

- A copy of **current** legal photo identification—passport or driver's license (if not previously submitted).
- A head and shoulders photo taken within the last six months with the applicant's signature on the back (if not previously submitted).

**Checklist for Entry-Level Midwife, Form 111
Phase 2, Assistant Under Supervision, page 2 of 2**

- Births as Assistant Under Supervision Form 111a-d documenting the following minimum requirements: (The applicant must fill in **each** space or cross through it for **each** birth or procedure **before** the Registered Preceptor signs.) **ALL** births and clinicals must be listed on the original form. If it's necessary to send forms for initials, the applicant may use copies of the forms listing only those births. However, the births on those copies **MUST** be on the same line as they appear in the original application form listing all births. Functioning in the role of assistant midwife under supervision, the applicant must attend a minimum of:
 - A. 20 births **documented on Form 111a**
 - B. 25 prenatal exams (including at least three initial prenatal exams) **documented on Form 111b**
 - C. 20 newborn exams (within 12 hours of birth) **documented on Form 111c**
 - D. 10 postpartum exams (over 24 hours after birth) **documented on Form 111d**
 - If any births/clinicals on Form 111 were Out of Country (OOC), you must also fill out the Out of Country (OOC) Birth Sites Form 230 available online at www.narm.org or from NARM Applications. OOC clinicals must have occurred prior to June 1, 2014.

Each Preceptor who initialed a birth listed on Births as Assistant Under Supervision Form 111a-d, must be listed on **List of Registered Preceptors for Birth Experience Form 111f** and must individually fill out a copy of **Verification of Birth Experience Form 111g**.
- Summary of all Procedures Form 111e affirming attendance as an Assistant Under Supervision at: 20 births; 25 prenatal exams (including at least three initial prenatal exams); 20 newborn exams; and 10 postpartum exams.
- List of Registered Preceptors for Birth Experience Form 111f describing every Preceptor who signed Assistant Under Supervision Form 111a-d.
- A Verification of Birth Experience Form 111g filled out by each Preceptor listed on List of Registered Preceptors for Birth Experience Form 111f.
- This Checklist Form 111.

When all application documents in Phase 2 are completed, mail the original (keep a copy for your records) to:

NARM Applications
P.O. Box 420
Summertown, TN 38483

Applications mailed to other NARM offices will be returned.

Births as Assistant Under Supervision

Form 111a - Phase 2

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

Please **carefully** read instructions for filling out this form and what it must document, and list these births in chronological order. Only Phase two clinicals should be listed on this Form.

Note to the Preceptor: Every space for each birth must be completed before you initial. 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.

Birth #	Client # or Code	Prenatals		Birth Site ¹ *	Date of Birth	New-born Exam y/n?	# PP Visits	Transport y/n? ²	Preceptor Initials	Skills demonstrated by student: (³ skill level must increase during the assist phase)
		Initial y/n?	# Visits							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
Totals:										

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.

²No more than four transports allowed on this form.

³It is up to the preceptor to determine if more assists are necessary, but only 20 will be documented on this form noting increasing responsibilities in the comment section.

Prenatal Exams as Assistant Under Supervision Form 111b - Phase 2

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

This form must document a total of 25 Prenatal Exams and at least three Initial Prenatal Exams.

Please **carefully** read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

Note to the Preceptor: Every space for each birth must be completed before you initial. 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.

Exam #	Client # or Code	Date of Prenatal Exam	Initial Prenatal Exam y/n?	Preceptor Initials	Comments about Prenatal Exam
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Newborn Exams as Assistant Under Supervision Form 111c - Phase 2

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

This form must document a total of 20 Newborn Exams within 12 hours of the birth.

Please **carefully** read instructions, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

Note to the Preceptor: Every space for each birth must be completed before you initial. 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.

Exam #	Client # or Code	Date of Newborn Exam	Preceptor Initials	Comments about Newborn Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Postpartum Exams as Assistant Under Supervision Form 111d - Phase 2

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

This form must document a total of ten postpartum exams done 24 hours after the birth to six weeks postpartum.

Please **carefully** read instructions, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

Note to the Preceptor: Every space for each birth must be completed before you initial. 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.

Exam #	Client # or Code	Date of Post-partum Exam	Preceptor Initials	Comments about Postpartum Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Summary of all Procedures Form 111e as Assistant Under Supervision - Phase 2

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

I, _____, affirm that I attended as an Assistant Under Supervision:

- 20 births
- 25 prenatal exams (including at least three initial prenatal exams)
- 20 newborn exams
- 10 postpartum exams

I also affirm that all of the information I have recorded in the "Births as Assistant Under Supervision Form 111a-d is true and correct to the best of my ability.

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: _____

List of Registered Preceptors for Birth Experience Form 111f - Phase 2

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

**Please make certain all preceptors are NARM Registered Preceptors and
meet the qualifications as described in the instructions section
"NARM Policy Statement on Preceptor/Apprentice Relationships."**

Below, print the name, address and phone of each Preceptor who initialed a birth or clinical listed on Assistant Under Supervision Forms 111a-d.

Print name, address and phone number of each Preceptor	Preceptor Initials
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Verification of Birth Experience

Form 111g - Phase 2

To be filled out by the preceptor

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

Preceptor Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

I, _____, affirm that the applicant, _____, was acting as **Assistant Under Supervision**.

I affirm that I am a **primary midwife** who was responsible for the prenatal, intrapartum, postpartum and/or newborn care initialed on Births as Assistant Under Supervision Forms 111a-d and that I was physically present in the same room in a supervisory capacity during that care in which this applicant acted as **Assistant Under Supervision**. I understand if I sign off on **any** experiences I did not physically witness, I risk losing the ability to sign as a preceptor in the future and also risk losing my NARM certification.

I understand that the NARM Applications Department may request specific charts for audit purposes.

I affirm that I have read and understand the current CIB, definitions, NARM Policy Statement on Preceptor/Apprentice Relationships, the Step-by-Step Guidelines for Preceptors, and all related directions in the application.

I affirm I supervised and was in the room for the following procedures that I have signed off on Form 111 in which this applicant acted as Assistant Under Supervision:

Number of births (111a): _____ Number of initial prenatal exams (111b): _____

Number of prenatal exams (111b): _____ Number of newborn exams (111c): _____

Number of postpartum exams (111d): _____

By checking this box, I affirm that I am a current NARM Registered Preceptor.

Preceptors for International Births (for clinicals prior to June 1, 2014):

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.

Preceptor's Signature: _____

Preceptor's Initials: _____ Date: _____

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

Notary Seal

(Notary Signature)

My Commission Expires: _____

Checklist for Entry-Level Midwife, Form 112 – Phase 3, Primary Under Supervision page 1 of 3

Step 1: Instructions

- A. Complete Phases 1 and 2.
- B. Provide verification of **current** Adult CPR **and** neonatal resuscitation certification.
- C. Confirm that two non-transport hospital births were submitted in Phases 1, 2, and/or 3.
- D. Confirm that five home births were submitted in Phases 1, 2, and/or 3.
- E. Complete Forms 112a-e. At least 18 Assistant Under Supervision births must be completed before starting Primary Under Supervision births. The other Assistant Under Supervision clinicals must be completed before taking on a primary role (ie, must complete all 25 Assistant Under Supervision pre-natals before starting Primary Under Supervision Prenatals).
- F. Provide verification from the Registered Preceptor(s) that the applicant has achieved proficiency on each area listed on Form 201a Skills, Knowledge, and Abilities Essential for Competent Practice Verification Form.
- G. Provide an affidavit (notarized statement) from the Registered Preceptor(s) asserting that the applicant utilizes:
 1. Practice Guidelines;
 2. Emergency Care Form;
 3. Informed Disclosure (given at initiation of care); and
 4. Informed Consent documents (used for shared decision making during care).
- H. Provide three letters of reference (personal, professional and client). All three letters must be sent directly to NARM by the individual providing the reference, not by the applicant.

Births as Primary Under Supervision Form 112a-e documents the following minimum requirements: (The applicant must fill in each space or cross through it for each birth or procedure before the Registered Preceptor signs.)

- I. Functioning in the role of primary midwife under supervision, the applicant must attend a minimum of
 - A. 20 births **documented on Form 112a** which show the following:
 1. A minimum of 10 of the 20 births must be in homes or other out-of-hospital settings, not including transports; and
 2. A minimum of 10 out-of-hospital births must have been within the last three years; and
 3. A minimum of five of the 20 births must be with women for whom the applicant has provided primary care during at least five prenatal visits over two trimesters, the birth, newborn exam, and two postpartum exams; and
 4. A minimum of 10 births must include at least one prenatal visit in addition to the Continuity of Care births; and
 5. No more than two of the births attended may be transports. A transport is defined as “someone transferred during labor to another primary care giver prior to the birth of the baby.”
 - B. 20 initial prenatal exams **documented on Form 112b**
 - C. 55 additional prenatal exams **documented on Form 112c**
 - D. 20 newborn exams **documented on Form 112d**
 - E. 40 postpartum exams **documented on Form 112e**

Form 112f is a summary form to make sure you have documented the necessary procedures above.

- ✓ The Applicant must have access to the original client charts for all births and procedures documented on Form 112a-e. The original client charts shall be kept by the Registered Preceptor. The NARM Applications Department may request specific charts for audit purposes.
- ✓ Protect the privacy of the applicant’s clients by identifying each reported birth and/or exams on all Forms with a unique client code under “Client # or Code,” using the same code for the same client throughout the application. Repeat clients need to have a different code for each pregnancy. Do not use first or last names.

Checklist for Entry-Level Midwife, Form 112 - Phase 3, page 2 of 3

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

Each Registered Preceptor who initialed a birth or clinical on Primary Under Supervision Form 112a-e must be listed on **List of Registered Preceptors for Birth Experience Form 112g** and must individually fill out a copy of **Verification of Birth Experience Form 112h**.

Step 2 – Checklist

- ✓ **Confirm that all preceptors are current NARM Registered Preceptors.** Effective January 1, 2017, 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.
- ✓ **Important:** Send all application materials in one package. Phases 1 and 2 must be sent in with Phase 3 unless previously submitted. Incomplete applications or applications that are not legible will be returned.
- ✓ Use **only** official NARM Forms for **all** materials submitted. **Do not make up forms.**
- ✓ Make a copy of all completed NARM Application Forms filled out in English. Send the original with the application and **keep a copy for your records**. Original refers to the application forms and notarized documents.
- ✓ Applications should not be submitted in binders or plastic sleeves
- ✓ 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.
- ✓ 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.

Return this checklist along with the following:

Phase 3 Application Fee:

- \$400 certified check or money order in U.S. funds (no personal checks), or
- \$432 for a credit card.

If paying by credit card, please indicate card type: Visa Mastercard

Credit Card #: _____ - _____ - _____ - _____ Exp Date: _____ / _____
Month Year

Name on card: _____ Billing zip code: _____

*By providing your credit card details, you are authorizing NARM to process your payment including the 8% handling fee.

- Copies of both sides of **current** Adult CPR **and** neonatal resuscitation certification. Both CPR and neonatal resuscitation require a hands-on skills evaluation by a certified instructor. NARM strongly encourages CPR be a Health Care Provider course.
- Documentation of successful completion of workshop, course, or module on cultural awareness.
- Births as Primary Under Supervision Form 112a-e. **ALL** births and clinicals must be listed on the original form. If it's necessary to send forms for initials, the applicant may use copies of the forms listing only those births. However, the births on those copies **MUST** be on the same line as they appear in the original application form listing all births.
 - If any births on Form 112a were out of country (OOC), you must also fill out Out of Country (OOC) Birth Sites Form 230 available on-line at www.narm.org or from NARM applications.
OOC births that occurred after June 1, 2014 are not accepted.
- Summary of all Procedures Form 112f affirming attendance as an Primary Under Supervision at: 20 births; 20 initial prenatal exams; 75 prenatal exams; 20 newborn exams; and 40 postpartum exams.
- List of Registered Preceptors for Birth Experience Form 112g describing every preceptor who signed Primary Under Supervision Form 112a-e.

Entry-Level Midwife

Checklist for Entry-Level Midwife, Form 112 - Phase 3, page 3 of 3

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

- A Verification of Birth Experience Form 112h filled out by each preceptor listed on List of Registered Preceptors for Birth Experience Form 112g.
- Birth Experience Background Form 102.
- Continuity of Care—Practical Experience Form 200 and two completed charts. If more than one preceptor please choose one from each. NARM reserves the right to request the other three 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.
- Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.
- Preceptor Verification Form 202 (each preceptor who has verified skills on the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a must complete and notarize a copy).
- Document Verification Form 205a and Form 205b.
- Second Verification of Skills Form 206.
- Confirm that two non-transport hospital births were submitted in Phases 1, 2, and/or 3.
- Confirm that five home births were submitted in Phases 1, 2, and/or 3.
- This Checklist Form 112.
- A record of the individuals to whom Reference Letter Forms 101 a, b, & c were sent—

Letter of Reference Form 101a, Personal

Name: _____ Date sent: _____
Address: _____
City: _____ Province/State: _____ Zip Code: _____
Phone Number: (_____) _____

Letter of Reference Form 101b, Professional

Name: _____ Date sent: _____
Address: _____
City: _____ Province/State: _____ Zip Code: _____
Phone Number: (_____) _____

Letter of Reference Form 101c, Client

Name: _____ Date sent: _____
Address: _____
City: _____ Province/State: _____ Zip Code: _____
Phone Number: (_____) _____

When all application documents are completed, mail the original (and keep a copy for your records) to:
NARM Applications, P.O. Box 420, Summertown, TN 38483.

Applications mailed to other NARM offices will be returned.

Please allow at least four months from application submission to NARM Written Examination eligibility.

Births as Primary Under Supervision Form 112a

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

Please **carefully** read instructions for filling out this form and what it must document, and list these births in chronological order. Circle the Birth # if the birth is being used as a Continuity of Care birth listed on Form 200. An additional ten births must include at least one prenatal. Only Phase 3 clinicals should be listed on this form.

Note to the preceptor: Every space for each birth must be completed or crossed out before you initial. 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.

Birth #	Client # or Code	Prenatals		Birth Site ¹ *	Date of Birth	New-born Exam y/n?	# PP Visits	Trans-ports ²	Pre-ceptor Initials	Outcome ³ : including actions, complications transfers, etc.
		Initial y/n?	# Visits							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
Totals (y=1):										# out-of-hospital births ⁴ : _____

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.

²**Include no more than two transports**
³The "Outcome" should be very brief—a few words or a simple sentence, but please fill in the description for **every** birth reported.
⁴See definition in *Candidate Information Booklet* (CIB); must document a minimum of ten out-of-hospital births (not including transports).

Initial Prenatal Exams Form 112b as Primary Under Supervision

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

This form must document a total of 20 Initial Prenatal Exams.

Please **carefully** read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 3 clinicals should be listed on this form.

Note to the preceptor: Every space for each birth must be completed or crossed out before you initial. 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.

Exam #	Client # or Code	Date Applicant did Initial Prenatal Exam	Preceptor Initials	Comments about Initial Prenatal Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Additional Prenatal Exams Form 112c as Primary Under Supervision

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

Please **carefully** read instructions, and list these exams in chronological order. Only Phase 3 clinicals should be listed on this form.

Exam #	Client # or Code	Date of Prenatal Exam	Preceptor Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

Note to the preceptor: Every space for each birth must be completed or crossed out before you initial. 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.

Exam #	Client # or Code	Date of Prenatal Exam	Preceptor Initials
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			

Newborn Exams Form 112d

as Primary Under Supervision

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

This form must document a total of 20 Newborn Exams within 12 hours of the birth.

Please **carefully** read instructions, and list these exams in chronological order. Only Phase 3 clinicals should be listed on this form.

Note to the preceptor: Every space for each birth must be completed or crossed out before you initial. 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.

Exam #	Client # or Code	Date of Newborn Exam	Preceptor Initials	Comments about Newborn Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Postpartum Exams Form 112e as Primary Under Supervision

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

This form must document a total of 40 postpartum exams done 24 hours after the birth to six weeks postpartum.

Please **carefully** read instructions, and list these exams in chronological order. Only Phase 3 clinicals should be listed on this form.

Note to the preceptor: Every space for each birth must be completed or crossed out before you initial. 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.

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

Summary of all Procedures Form 112f as Primary Under Supervision

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

I, _____, affirm that I attended and documented 20 births: at least ten of which were in homes or other out-of-hospital settings during the three years prior to this NARM application; at least five of the 20 births were with women for whom I provided primary care during at least five prenatal visits, birth, newborn exam and two postpartum exams; ten additional primary births included at least one prenatal visit, and no more than two of the births attended were transports.

I affirm that I performed and documented 20 initial prenatal exams.

I affirm that I performed and documented 75 prenatal exams (may include the 20 initial prenatal exams).

I affirm that I performed and documented 20 newborn exams within 12 hours of the birth.

I affirm that I performed and documented 40 postpartum exams done 24 hours after the birth to six weeks postpartum.

I also affirm that all of the information I have recorded in the "Births as Primary Under Supervision Form 112a-f is true and correct to the best of my ability and that I can provide written documentation that I attended each of the births and procedures I have described herein in the capacity of "primary midwife under supervision."

I will provide copies of the clients' charts with names blanked out and coded with numbers that match birth codes on Forms 112b-f in the event my application is audited.

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: _____

List of Registered Preceptors for Birth Experience Form 112g

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

**Please make certain all preceptors are NARM Registered Preceptors and
meet the qualifications as described in the instructions section
"NARM Policy Statement on Preceptor/Apprentice Relationships."**

Below, print the name, address and phone of each Preceptor who initialed a birth or clinical listed on Primary Under Supervision Forms 112a-e.

Print name, address and phone number of each Preceptor	Preceptor Initials
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Verification of Birth Experience Form 112h - Phase 3

To be filled out by your preceptor.

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

Preceptor Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

I, _____, affirm that the applicant, _____, was acting as **Primary Under Supervision** which is defined as an apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during any care provided.

I affirm that I am a **primary midwife** who was responsible for the prenatal, intrapartum, postpartum and/or newborn care initialed on Births as Primary Under Supervision Forms 112a-e and that I was physically present in the same room in a supervisory capacity during that care in which this applicant acted as **Primary Under Supervision**. I understand if I sign off on **any** experiences I did not physically witness, I risk losing the ability to sign as a preceptor in the future and also risk losing my NARM certification.

I understand that the NARM Applications Department may request specific charts for audit purposes.

I affirm that I have read and understand the current CIB, definitions, NARM Policy Statement on Preceptor/Apprentice Relationships, the Step-by-Step Guidelines for Preceptors, and all related directions in the application.

I affirm I supervised and was in the room for the following procedures that I have signed off on in which this applicant acted as Primary Under Supervision:

Number of births: _____ Number of initial prenatal exams: _____

Number of prenatal exams: _____ Number of newborn exams: _____

Number of postpartum exams: _____

By checking this box, I affirm that I am a current NARM Registered Preceptor.

Preceptors for International Births (for births prior to June 1, 2014):

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.

Preceptor's Signature: _____

Preceptor's Initials: _____ Date: _____

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

Notary Seal

(Notary Signature)

My Commission Expires: _____

Checklist for Entry-Level Midwife, form 113 - Phase 4, Additional Births as Primary Under Supervision

- ✓ **Confirm that all preceptors are current NARM Registered Preceptors.** Effective January 1, 2017, 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.
- ✓ Important: Send all application materials in one package; Phase 4 may be submitted with Phase 3 or up to six months after you have passed the NARM Written Examination. Incomplete applications or applications that are not legible will be returned.
- ✓ Use **only** official NARM Forms for **all** materials submitted. **Do not make up forms.**
- ✓ Make a copy of all completed NARM Application Forms filled out in English. Send the original with the application and **keep a copy for your records.** Original refers to the application forms and notarized documents.
- ✓ Applications should not be submitted in binders or plastic sleeves.
- ✓ 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.

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

Return this checklist along with the following:

Phase 4 Application Fee:

- \$100 certified check or money order in U.S. funds (no personal checks), or
- \$108 for a credit card.

If paying by credit card, please indicate card type: Visa Mastercard

Credit Card #*: _____ - _____ - _____ - _____ Exp Date: _____ / _____
Month Year

Name on card: _____ Billing zip code: _____

*By providing your credit card details, you are authorizing NARM to process your payment including the 8% handling fee.

Additional Births as Primary Under Supervision Form 113a documenting the following minimum requirements:

Functioning in the role of primary midwife under supervision, the applicant must attend a minimum of five additional births

- No more than one of the births attended in Phase 4 may be a transport. A transport is defined as "someone transferred during labor to another primary care giver prior to the birth of the baby."
- Submission of this form is expected within six months of passing the NARM Written Examination unless a request for an extension is made.

List of Registered Preceptors for Birth Experience Form 113b describing every preceptor who signed Primary Under Supervision Form 113a.

One copy of the Verification of Birth Experience Form 113c for each preceptor listed on List of Registered Preceptors for Birth Experience Form 113b. **Each** preceptor who initialed a procedure listed on Primary Under Supervision Form 113a must be listed on **List of Registered Preceptors for Birth Experience Form 113b** and must individually fill out a copy of **Verification of Birth Experience Form 113c.**

This Checklist Form 113.

When all application documents in Phase 4 are completed, mail the original (and keep a copy for your records) to: NARM Applications, P.O. Box 420, Summertown, TN 38483.

Applications mailed to other NARM offices will be returned.

Additional Births as Primary Under Supervision Form 113a - Phase 4

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

Please **carefully** read instructions for filling out this form and what it must document, and list these five additional births attended as Primary Under Supervision in chronological order. Only Phase 4 clinicals should be listed on this form.

Note to the Preceptor: Every space for each birth must be completed or crossed out before you initial. 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.

Birth #	Client # or Code	Prenatals		Birth Site ¹ *	Date of Birth	New-born Exam y/n?	# PP Visits	Transport y/n? ²	Preceptor Initials	Outcome ³ : including actions, complications transfers, etc.
		Initial y/n?	# Visits							
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.

²**Include no more than one transport**

³The "outcome" should be very brief—a few words or a simple sentence, but please fill in the description for **every** birth reported.

I, _____, affirm that I have attended and documented these five births as Primary Under Supervision listed above and this information is true and correct to the best of my ability and that I can provide written documentation that I attended each of the births I have described herein in the capacity of "Primary Midwife Under Supervision."

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: _____

List of Registered Preceptors for Birth Experience Form 113b

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

**Please make certain all preceptors are NARM Registered Preceptors and
meet the qualifications as described in the instructions section
"NARM Policy Statement on Preceptor/Apprentice Relationships."**

Below, print the name, address and phone of each Preceptor who initialed a birth listed on Additional Births as Primary Under Supervision Form 113a.

Print name, address and phone number of each Preceptor	Preceptor Initials
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Verification of Birth Experience Form 113c - Phase 4

To be filled out by your preceptor.

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

Preceptor Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

I, _____, affirm that the applicant, _____, was acting as **Primary Under Supervision** which is defined as an apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during any care provided.

I affirm that I am a **primary midwife** who was responsible for the Births as Primary Under Supervision Form 113a and that I was physically present in the same room in a supervisory capacity during that care in which this applicant acted as **Primary Under Supervision**. I understand if I sign off on **any** experiences I did not physically witness, I risk losing the ability to sign as a preceptor in the future and also risk losing my NARM certification.

I understand that the NARM Applications Department may request specific charts for audit purposes.

I affirm that I have read and understand the current CIB, definitions, NARM Policy Statement on Preceptor/Apprentice Relationships, the Step-by-Step Guidelines for Preceptors, and all related directions in the application.

I affirm I supervised and was in the room for the following number of births in Phase 4 that I have signed off on in which the applicant acted as primary under supervision:

Number of births: _____

By checking this box, I affirm that I am a current NARM Registered Preceptor.

Preceptors for International Births (for births prior to June 1, 2014):

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.

Preceptor's Signature: _____

Preceptor's Initials: _____ Date: _____

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

Notary Seal

(Notary Signature)

My Commission Expires: _____

Experienced Midwife

This application route will be discontinued December 31, 2019.

A midwife with extensive training and experience who has no supervising midwife to verify education may apply as an Experienced Midwife. Midwives in this category must have been practicing as a primary midwife after training for at least five years, must have attended a minimum of 75 out of hospital births as primary midwife after training within the past ten years, and must have attended at least ten births in the past two years. These births must have occurred in the U.S. or Canada.

The experienced midwife must:

Step 1: Complete NARM's Portfolio Evaluation Process (PEP).

- A. Fulfill the General Education Requirements (described in the Instructions for Report of Clinical Experience Form 121):
- B. Complete the General Application Form 100 and Experienced Midwife Application forms.
- C. Send a letter of request explaining the applicant's special circumstances.
- D. Send the best documentation possible that the applicant has fulfilled the experience and skills requirements, including any relevant certificates, diplomas, licenses, and degrees.
- E. Using the instructions for Experienced Midwife applicant on Form 201b, provide a written account of how the applicant acquired the skills required for NARM Certification. Details should be listed on Form 201c with codes transferred to Form 201b.
- F. Submit Second Verification of Skills Form 206.
- G. Submit copies of both sides of **current** Adult CPR **and** neonatal resuscitation certification. Both CPR and neonatal resuscitation require a hands-on skills evaluation by a certified instructor. NARM strongly encourages CPR be a Health Care Provider course.
- H. Provide copies of:
 1. Practice Guidelines;
 2. Emergency Care Form;
 3. Informed Disclosure (given at initiation of care); and
 4. Informed Consent documents (used for shared decision making during care).
- I. Provide three letters of reference (personal, professional and client).

Upon fulfillment of the above requirements, the applicant will be sent a Letter of Completion of NARM's Portfolio Evaluation Process (PEP).

Step 2: Apply for Certification.

- A. Submit PEP CPM Application Checklist Form 400 (which will be sent to you with your Letter of Completion of NARM's PEP Process).
- B. Send Letter of Completion of NARM's PEP as verification of experience and skills.
- C. Pass the NARM Written Examination.

Checklist for Experienced Midwife, Form 120, page 2 of 3

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

Letter of Reference Form 101b, Professional

Name: _____ Date sent: _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (_____) _____

Letter of Reference Form 101c, Client

Name: _____ Date sent: _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (_____) _____

- Birth Experience Background Form 102.
- The completed Continuity of Care—Practical Experience Form 200 and two completed charts. NARM reserves the right to request the other three 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.
- Initial Skills Verification:
 - If skills are signed off by a Registered Preceptor, submit Forms 201a and 202.
 - If self-verifying skills, submit the completed Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Forms 201b and 201c.
 - If self-verifying skills, list one individual and/or institution who can be contacted and can verify their involvement with the applicant's acquisition of skills as noted in the Experienced Midwives - Self Verification Form 201b:
 - Name: _____
 - Phone: (_____) _____
 - Institution or Business Name (if applicable): _____
 - Address: _____
- Second Verification of Skills Form 206 (must be signed by a Registered Preceptor).
- The completed Report of Clinical Experience Form 121.
 - If any births on Form 121 were out of country (OOC), you must also fill out Out of Country (OOC) Birth Sites Form 230 available on-line at www.narm.org or from NARM applications. Births prior to January 1, 2014 will only be accepted if done in approved clinical sites.

**Checklist for Experienced Midwife,
Form 120, page 3 of 3**

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

- A copy of relevant supporting documents such as licenses, certificates or registrations, CEU forms, midwifery school diplomas, etc.
- A list of all documents and forms included with this application.
- Submit copies of the following: Practice Guidelines; Emergency Care Form; Informed Disclosure (given at initiation of care); and a sample Informed Consent document (used for shared decision making during care).
- This completed Checklist Form 120.

When the application documents are all complete, mail the original (and keep a copy for your records) to:
NARM Applications
P.O. Box 420
Summertown, TN 38483

Applications mailed to other NARM offices will be returned.

Please allow at least four months from application submission to NARM Written Examination eligibility.

Graduate from a MEAC-accredited Program

Graduates of a MEAC-accredited program must:

- A. Fulfill the General Education Requirements as stipulated by your program.
- B. Complete the General Application Form 100 and **all requirements** on Checklist Form 130.
- C. Submit Continuity of Care - Practical Experience Form 200 documenting five births with women for whom the applicant has provided primary care during at least five prenatal visits spanning at least two trimesters, the birth, the newborn exam, and two postpartum exams. Two of the five charts or MEAC Continuity of Care forms must be submitted with Form 200. NARM reserves the right to request additional charts.
- D. Submit Out-of-Hospital Birth Documentation Form 204 documenting functioning in the role of primary midwife or Primary Under Supervision for a minimum of ten births in home or other out-of-hospital settings in the last three years. (Effective January 1, 2016, all births documented on Form 204 must have occurred in the U.S./Canada.)
- E. Submit Document Verification Form 205b.
- F. Send a notarized copy of one of the following below. Official documents sent to NARM directly from the school do not need to be notarized.
 - A final transcript with the school insignia, or
 - Original graduation certificate or diploma, or
 - A letter from the administrator of the program on school letterhead noting that all graduation requirements have been met pending passing the NARM Written Examination.

The applicant is responsible for verifying a copy of the graduation certificate, diploma or final transcript have been sent to the NARM Applications Department prior to issuance of certificate.

- G. Pass the NARM Written Examination. (If you have already taken the NARM Written Examination as part of your state licensing process, you may submit evidence of having passed it, and you may subtract the examination fee you paid from the certification fees.)

Notes:

Clinical experience must span at least two years prior to submitting application.

MEAC graduates are expected to apply for NARM Certification within **three years of graduation**. If application for certification is made after this time, NARM will require documentation of ten primary births, 25 hours of continuing education, and five hours of peer review within the three years prior to the application submission. Form available upon request.

Applicants who graduated before the date their program was MEAC-accredited must choose another educational category of application.

Checklist for Graduate of a MEAC Program, Form 130, page 1 of 2

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

Return this checklist along with the following:

- General Application Form 100 fully completed.
- Graduate of a MEAC Program application fee. 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.
 - \$1000 certified check or money order in U.S. funds (no personal checks), or
 - \$1080 for a credit card.If paying by credit card, please indicate card type: Visa Mastercard
Credit Card #: _____ - _____ - _____ - _____ Exp Date: _____ / _____
Month Year
Name on card: _____ Billing zip code: _____
*By providing your credit card details, you are authorizing NARM to process your payment including the 8% handling fee.
- If you have already passed the NARM CPM Written Examination as part of a state regulatory process, please note: when it was taken: _____ where it was taken: _____
- A copy of **current** legal photo identification—passport or driver's license.
- A copy of both sides of **current** Adult CPR **and** neonatal resuscitation certification. Both CPR and neonatal resuscitation require a hands-on skills evaluation by a certified instructor. NARM strongly encourages CPR be a Health Care Provider course.
- The completed Continuity of Care—Practical Experience Form 200.
- MEAC's Continuity of Care form OR two completed charts. The NARM Applications Department reserves the right to request verification (audit) any information submitted with their application, including charts of the COC clients. 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.
- Documentation of successful completion of workshop, course, or module on cultural awareness must be included with this application. NARM will accept verification from the school, as evidenced either by the transcript or confirmed in the letter for early testing, that the student has completed a module on Cultural Awareness.
- A head and shoulders photo taken within the last six months with the applicant's signature on back.
- Birth Experience Background Form 102.
- The completed U.S. Out-of-Hospital Documentation Form 204. (Effective January 1, 2016, all births documented on Form 204 must have occurred in the U.S./Canada.)
- The completed Document Verification Form 205b.
- This completed Checklist Form 130.
- A notarized copy of one of the following below. Official documents sent to NARM directly from the school do not need to be notarized.
 - A final transcript with the school insignia, or
 - Original graduation certificate or diploma, or
 - A letter from the administrator of the program on school letterhead noting that all graduation requirements have been met pending passing the NARM Written Examination (effective January 1, 2016).

Clinical documentation not listed above must be submitted directly to your program.

**Checklist for Graduate of a MEAC Program,
Form 130, page 2 of 2**

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

The following information about that program:

Program Name: _____

Program Address, City, State and Zip Code: _____

Contact person name, phone and e-mail: _____

Program length in years/months: _____

Are you a graduate?

Yes, date of graduation: _____

No, graduation is pending the NARM Written Examination

Are you getting a midwifery degree or certification?

By submitting this application, you are giving NARM permission to submit your NARM Written Examination results directly to your MEAC Program.

When the application documents are all complete, mail the original (and keep a copy for your records) to:
NARM Applications
P.O. Box 420
Summertown, TN 38483

Applications mailed to other NARM offices will be returned.

Applicants who graduated before the date their program was MEAC-accredited must choose another educational category of application.

Please allow at least two months from application submission to NARM Written Examination eligibility.

Certification by the AMCB as a CNM/CM

Candidates certified by the American Midwifery Certification Board (AMCB) must:

- A. Fulfill the General Education Requirements.
- B. Complete the General Application Form 100, General Application Form 100b, and Checklist Form 140.
- C. Send copy of current AMCB CNM/CM certificate and wallet card with expiration date.
- D. Submit Continuity of Care—Practical Experience Form 200 documenting a minimum of five births with women for whom the applicant has provided primary care during at least five prenatal visits spanning at least two trimesters, the birth, newborn exam, and two postpartum exams and two completed charts. NARM reserves the right to request the other three charts.
- E. Submit Out-of-Hospital Birth Documentation Form 204 documenting functioning in the role of primary midwife or Primary Under Supervision for a minimum of ten births in home or other out-of-hospital settings.
- F. Pass the NARM Written Examination.

Legal Recognition in States/Countries Previously Evaluated for Educational Equivalency

Candidates with Legal Recognition in States/Countries Previously Evaluated for Educational Equivalency must:

- A. Fulfill the General Education Requirements.
- B. Complete the required forms.
- C. Provide proof of licensure/certification.
- D. Submit proof of neonatal resuscitation, CPR, and Cultural Awareness.
- E. Pass the NARM Written Examination. If you have already taken the NARM Written Examination as part of your state licensing process, you may submit evidence of having passed it.

Note: UK midwives should use the PIN number for their midwifery registration in place of the U.S. Social Security number on the top of each form they fill out.

Checklist for State Equivalency, Form 150, page 1 of 2

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

Return this checklist along with the following:

- General Application Form 100 fully completed.
- General Application Form 100b fully completed.
- State equivalency application fee. 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.

Application fee of \$50 (all candidates):

- \$50 certified check or money order in U.S. funds (no personal checks), or
- \$54 for a credit card.

- If you have not passed the NARM Written Examination as part of your state regulatory process, you will need to submit the examination fee and pass the examination prior to certification:
 - \$900 certified check or money order in U.S. funds (no personal checks), or
 - \$972 for a credit card.

If paying by credit card, please indicate card type: Visa Mastercard

Credit Card #: _____ - _____ - _____ - _____ Exp Date: _____ / _____
Month Year

Name on card: _____ Billing zip code: _____

*By providing your credit card details, you are authorizing NARM to process your payment including the 8% handling fee.

- If you have already passed the NARM Written Examination as part of a state regulatory process, please note: when it was taken: _____ where it was taken: _____
If you passed the NARM examination after 1995, you do not have to retake the examination.
- A copy of **current** legal photo identification—passport or driver's license.
- A copy of both sides of **current** Adult CPR **and** neonatal resuscitation certification. Both CPR and neonatal resuscitation require a hands-on skills evaluation by a certified instructor. NARM strongly encourages CPR be a Health Care Provider course. **UK RMs only:** submit documentation or dates of attendance at maternal and neonatal resuscitation updates within the last calendar year.
- Documentation of successful completion of workshop, course, or module on cultural awareness.
- A head and shoulders photo taken within the last six months with the applicant's signature on the back.
- Birth Experience Background Form 102.
- Out-of-Hospital Birth Documentation Form 204.
 - UK RMs only:** must document ten out-of-hospital births in the U.S. on Form 204. These must be signed off by a Registered Preceptor.

Checklist for State Equivalency, Form 150, page 2 of 2

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

- The completed Document Verification Form 205b.
- This completed Checklist Form 150.
- Check the state in which the applicant is licensed/registered:
 - Alaska California Louisiana Montana Texas
 - Arizona Colorado New Hampshire Oregon Washington
 - Arkansas Florida New Mexico South Carolina United Kingdom
- Date of initial licensure: _____ Expiration date of current license: _____
- Send a copy of the original current state License/Registration.

State/Country	Contact Person Name & Phone
---------------	-----------------------------

License or Registration ID#

When the application documents are all complete, mail the original (keep one copy for your records) to:
NARM Applications
P.O. Box 420
Summertown, TN 38483

Applications mailed to other NARM offices will be returned.

Please allow at least four months from application submission to NARM Written Examination eligibility.

Additional Forms¹

¹Carefully review the checklist in the applicant's category of application and submit the following forms if necessary.

General Application Form 100b

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

Demographic Information

How many total births have you attended in the last three years? _____

Of these births, how many did you attend as the primary midwife? _____

How many of these births were at home? _____

How many of these births were in a freestanding birth center? _____

How many were planned hospital births? _____

How many were transports from home/birth center? _____

Would you describe your client base as (check all that apply): Rural Suburban Urban

How many hours of Peer Review did you attend in the past three years? _____

What is the average number of other midwives who participate in Peer Review with you? _____

Do you file statistics with MANA? Yes, beginning what date? _____

No

What is your usual fee? _____

Do you routinely work with: An assistant An apprentice Another midwife

Are you Certified Licensed Registered to practice midwifery

In what state/province? _____

By what agency? _____

Do you get reimbursed by Medicaid? Yes No

Do you get reimbursed by insurance? Usually Sometimes Rarely I don't submit

Are you currently practicing midwifery? Yes No

Are you actively involved in: Midwifery Education Midwifery Research Midwifery Related Politics

How many years have you been practicing midwifery? _____

Have you been a midwifery preceptor in the past three years? Yes, # of students: _____

No

Letter of Reference Form 101a, Personal

Page 1 of 2

Dear _____,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. Attach additional pages if necessary. Mail to:
NARM Applications, P.O. Box 420, Summertown, TN 38483.

This letter of reference is **confidential** and will not be released to the applicant.
Thank you very much.

Applicant's Name: _____

Applicant's Signature: _____

Your Name: _____ Date: _____

Professional Title (if applicable): _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (_____) _____

If we feel a phone call is necessary, what is a good time to reach you? _____

How long have you known the applicant? _____

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgment	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: _____

Letter of Reference Form 101a, Personal Page 2 of 2

3. Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
4. Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
5. Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.

I, _____, do hereby affirm that the information and personal accounts herein contained concerning _____ (name of applicant) are true.

Signature: _____ Date: _____

Letter of Reference Form 101b, Professional

Page 1 of 2

Dear _____,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. You may attach additional pages if necessary.

Mail to:

NARM Applications, P.O. Box 420, Summertown, TN 38483.

This letter of reference is **confidential** and will not be released to the applicant.

Thank you very much.

Applicant's Name: _____

Applicant's Signature: _____

Your Name: _____ Date: _____

Professional Title (if applicable): _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (_____) _____

If we feel a phone call is necessary, what is a good time to reach you? _____

How long have you known the applicant? _____

When was the last time you observed or worked beside the applicant? _____

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgment	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: _____

Letter of Reference Form 101b, Professional Page 2 of 2

3. Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
4. Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
5. Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.

I, _____, do hereby affirm that the information and personal accounts herein contained concerning _____ (name of applicant) are true.

Signature: _____ Date: _____

Letter of Reference Form 101c, Client

Page 1 of 2

Dear _____,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. You may attach additional pages if necessary.

Mail to:

NARM Applications, P.O. Box 420, Summertown, TN 38483.

This letter of reference is **confidential** and will not be released to the applicant.

Thank you very much.

Applicant's Name: _____

Applicant's Signature: _____

Your Name: _____ Date: _____

Professional Title (if applicable): _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (____) _____

If we feel a phone call is necessary, what is a good time to reach you? _____

How long have you known the applicant? _____

Site of Birth: _____

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgment	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: _____

Letter of Reference Form 101c, Client Page 2 of 2

3. Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
4. Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
5. Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.

I, _____, do hereby affirm that the information and personal accounts herein contained concerning _____ (name of applicant) are true.

Signature: _____ Date: _____

Total Birth Experience Background Form 102

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

This form should include all births prior to, during, and after training. Clinical training must span at least two years prior to application submission for all types of applicants.

All boxes must include a number or a zero.

Attended births as an observer, Assistant Under Supervision, or primary from _____ (month) _____ (year) to _____ (month) _____ (year).

	Home	Freestanding Birth Center	Hospital	Out of Country	Totals
Number Observed					
Number Assistant Under Supv.					
Number Primary Under Supv. ¹					
Number Primary/Co-Primary					
Total all births attended including observed =					

	Observed	As Assistant Under Supv.	As Primary Under Supv. ¹	As Primary/Co-Primary	Totals
Number Transports					
Number Fetal/Neonatal Deaths ²					
Number Maternal Deaths ²					

¹"Primary Under Supervision" means 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.

²On a separate sheet of paper, please list the cause and a brief description.

Instructions for Report of Clinical Experience Form 121

The Committee is looking for evidence that the applicant has had substantial experience, including a variety of births. At least ten of the 75 reported births should have involved some kind of complication or challenging situation¹. Using the Report of Clinical Experience Form 121 following, describe in writing:

- I. Documentation of the following *within the last ten years (please do not include births which occurred ten years prior to your application)* and as a *primary midwife*:
 - A. 75 births including:
 1. 5 births with women for whom the applicant has provided primary care during at least five prenatal visits spanning at least two trimesters, the birth, newborn exam, and two postpartum exams
 2. 20 or more out-of-hospital births
 3. 10 or more births involving a complication or challenging situation
 4. No more than 10 of the births attended may be transports. A transport is defined as “someone transferred during labor to another primary care giver prior to the birth of the baby.”
 5. 10 primary births within the past two years
 - B. 300 prenatal exams (at least 50 different women, including 20 initial exams)
 - C. 50 newborn exams within 12 hours of the birth
 - D. 75 postpartum exams done 24 hours to six weeks after the birth
- ✓ Do not include births the applicant attended during apprenticeship, while working as a nurse, or the births of the applicant’s own babies, as these roles do not meet NARM’s definition of “primary midwife.”
 - ✓ Protect the privacy of the applicant’s clients by identifying each reported birth and/or exams on all forms with a unique client code under “Midwife’s code # for birth,” using the same code for the same client throughout the application. Repeat clients need to have a different code for each pregnancy. Do not use first or last names.
 - ✓ The “brief description and outcome” should be very brief—a few words or a simple sentence, but please fill in the description for **every** birth reported.
 - ✓ Be sure to sign and date the statement at the end of this Form 121.

¹Complication or challenging situation—can refer to, but is not limited to, obvious complications such as postpartum hemorrhage, prolonged rupture of membranes, unusual presentation, nuchal cord, etc.

If any births occurred in Out of Country (OOC) sites, please add “OOC” along with the Birth Site Code in the “Birth Site” column for those births listed on Form 121. You will also need to complete the Out of Country Births Form 230 available at www.narm.org or from NARM Applications. Births prior to January 1, 2014 may only be listed if done in Approved OOC Clinical Sites.

*Charts or written documentation of all 75 births must be available.
Selected charts may be requested by the Special Circumstances Evaluation Committee.*

Report of Clinical Experience Form 121, Page 1 of 6

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

Please **carefully** read instructions for filling out this form, and list these births in chronological order.

	Midwife's Code # for birth	Date of Birth	Planned setting for birth ¹	Actual site of Birth ¹ *	Present at delivery y/n?	Initial prenatal exam y/n	Total # pre-natal exams	New-born exam y/n	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
ex	WSR 030617	3-6-17	HM	HM OOC	y	y	8	y	2	N	Nuchal cord, 1st degree tear no complications
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
Subtotal here—											

¹HM = Home; FBC = Freestanding Birth Center; HL = Hospital Birth Center/Hospital; O = Other (car, outside, etc.)
 *Add OOC in addition to the location code if the birth was outside the U.S. or Canada (see instructions for Form 121).

Report of Clinical Experience Form 121, Page 2 of 6

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

	Midwife's Code # for birth	Date of Birth	Planned setting for birth ¹	Actual site of Birth ¹ *	Present at delivery y/n?	Initial prenatal exam y/n	Total # pre-natal exams	New-born exam y/n	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
Subtotal here—											

¹HM = Home; FBC = Freestanding Birth Center; HL = Hospital Birth Center/Hospital; O = Other (car, outside, etc.)
 *Add OOC in addition to the location code if the birth was outside the U.S. or Canada (see instructions for Form 121).

Report of Clinical Experience Form 121, Page 3 of 6

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

#	Midwife's Code # for birth	Date of Birth	Planned setting for birth ¹	Actual site of Birth ¹ *	Present at delivery y/n?	Initial prenatal exam y/n	Total # pre-natal exams	New-born exam y/n	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
Subtotal here—											

¹HM = Home; FBC = Freestanding Birth Center; HL = Hospital Birth Center/Hospital; O = Other (car, outside, etc.)
 *Add OOC in addition to the location code if the birth was outside the U.S. or Canada (see instructions for Form 121).

Report of Clinical Experience Form 121, Page 4 of 6

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

	Midwife's Code # for birth	Date of Birth	Planned setting for birth ¹	Actual site of Birth ¹ *	Present at delivery y/n?	Initial prenatal exam y/n	Total # pre-natal exams	New-born exam y/n	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
Subtotal here—											

¹HM = Home; FBC = Freestanding Birth Center; HL = Hospital Birth Center/Hospital; O = Other (car, outside, etc.)
 *Add OOC in addition to the location code if the birth was outside the U.S. or Canada (see instructions for Form 121).

Report of Clinical Experience Form 121, Page 5 of 6

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

#	Midwife's Code # for birth	Date of Birth	Planned setting for birth ¹	Actual site of Birth ¹ *	Present at delivery y/n?	Initial prenatal exam y/n	Total # pre-natal exams	New-born exam y/n	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
Subtotal here—											

¹HM = Home; FBC = Freestanding Birth Center; HL = Hospital Birth Center/Hospital; O = Other (car, outside, etc.)
 *Add OOC in addition to the location code if the birth was outside the U.S. or Canada (see instructions for Form 121).

Other PEP Applicant

Report of Clinical Experience Form 121, Page 6 of 6

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

	Midwife's Code # for birth	Date of Birth	Planned setting for birth ¹	Actual site of Birth ¹ *	Present at delivery y/n?	Initial prenatal exam y/n	Total # pre-natal exams	New-born exam y/n	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
70											
71											
72											
73											
74											
75											
Subtotal here—											
Grand Total here—											

¹HM = Home; FBC = Freestanding Birth Center; HL = Hospital Birth Center/Hospital; O = Other (car, outside, etc.)
 *Add OOC in addition to the location code if the birth was outside the U.S. or Canada (see instructions for Form 121).

I, _____, affirm that all of the information in this report of clinical experience is true and correct to the best of my ability; that I can provide written documentation that I attended each of the births I have described herein in the capacity of "primary midwife;" and that I utilize the Practice Guidelines; Emergency Care Form; Informed Disclosure (given at initiation of care); and Informed Consent documents (used for shared decision making during care) submitted with this application.

Signature: _____ Date: _____

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

Notary Seal

 (Notary Signature)

My Commission Expires: _____

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." (OOC births that occurred after June 1, 2014 are **not** accepted for PEP applicants. Contact applications@narm.org if you are a PEP applicant with eligible OOC births prior to that date.)

***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.

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.

Skills Verification Form 201a, page 1 of 38

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

I. Professional Issues, Knowledge, and Skills		
A. Applies understanding of social determinants of health (income, literacy, education, sanitation, housing, environmental hazards, food security, common threats to health)		
B. Applies understanding of direct and indirect causes of maternal and neonatal mortality and morbidity		
C. Understands principles of research, evidence-based practice, critical interpretation of professional literature, and interpretation of vital statistics and research findings		
D. Provides information on national and local health services, such as social services, WIC, breastfeeding, substance abuse, mental health, and bereavement		
E. Educates about resources for referral to higher health facility levels, appropriate communication and transport mechanisms, prepared for emergencies		
F. Knows legal and regulatory framework governing reproductive health for women, including laws, policies, protocols, and professional guidelines		
G. Applies understanding of human rights and their effects on the health of individuals, including:		
1. domestic partner violence		
2. female genital cutting		
3. cultural effect of religious beliefs		
4. gender roles		
5. other cultural health practices		
H. Facilitates mother's decision of where to give birth by discussing:		
1. advantages and risks of different birth sites		
2. requirements of the birth site		
3. how to prepare and equip the birth site		
I. Participates in peer review for maternal and neonatal mortality or morbidity		
1. understands the purpose of peer review		

Skills Verification Form 201a, page 2 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

2. understands the process of participating in peer review		
J. Understands the application of professional ethics, values, and human rights		
1. understands and applies the principles of confidentiality in relationships with clients and students including applicable components of HIPAA		
2. understands the process of shared decision making with clients throughout pregnancy and birth		
K. Understands and applies the following skills related to Professional Issues, Knowledge, and Skills:		
1. prepares the mother for the possibility of less than optimum pregnancy outcomes		
2. is responsible and accountable for clinical decisions and actions		
3. acts consistently in accordance with standards of practice		
4. maintains/updates knowledge and skills		
5. behaves in a courteous, non-judgemental, non-discriminatory, and culturally appropriate manner with all clients		
6. is respectful of individuals and of their cultural and customs		
7. shares and explains protocols of practice, including regulatory requirements, and client's right to refuse testing or intervention		
8. uses appropriate communication and listening skills with clients and support team		
9. accurately and completely records all relevant information in the client's chart, and explains results to client		
10. is able to comply with all local requirements for reporting births and deaths		
II. General Healthcare Skills		
A. Demonstrates the application of Universal Precautions as they relate to midwifery:		
1. handwashing		
2. gloving and ungloving		
3. sterile technique		

Skills Verification Form 201a, page 3 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
B. Educates on the benefits and contraindications of alternative healthcare practices (non-allopathic treatments) and modalities, including herbs, hydrotherapy, waterbirth, chiropractic, homeopathic, and acupuncture		
C. Understands the benefits and risks, and recommends the appropriate use of vitamin and mineral supplements, including prenatal multi-vitamins, Vitamin C, Vitamin E, Folic acid, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D		
D. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:		
1. local anesthetic for suturing		*
2. medical oxygen		*
3. Methergine ® (methylergonovine maleate)		*
4. prescriptive ophthalmic ointment		*
5. Pitocin ® for postpartum hemorrhage		*
6. RhoGam ®		*
7. Vitamin K (oral or IM)		*
8. antibiotics for Group B Strep		*
9. IV fluids		*
10. Cytotec ® (misoprostol)		*
11. epinephrine		*
E. Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFL, fetal well-being and growth, position, placental position, and determination of multiples		
F. Demonstrates knowledge of benefits/risks of biophysical profile, including counseling and referrals		
G. Demonstrates knowledge of how and when to use instruments and equipment, including:		
1. amnihook		*

*Skill may be assessed by a NARM 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 4 of 38

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. straight, in and out catheter		*
11. vacutainer /blood collection tube		*
12. gestational wheel or calendar		
13. newborn and adult scale		
14. thermometer		
15. urinalysis strips		
16. cord clamps		
17. doppler		
18. fetoscope		
19. stethoscope		
20. vaginal speculum		
21. blood pressure cuff		

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Skills Verification Form 201a, page 5 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

22. oxygen tank, flow meter, cannula, and face mask		*
23. pulse oximeter		
24. laryngeal mask airway (LMA)		*
H. Proper use of injection equipment including syringe, single and multi dose vial/ampules, and sharps container		*
I. Obtains or refers for urine culture		*
J. Obtains or refers for vaginal culture		*
K. Obtains or refers for blood screening tests		*
L. Evaluates laboratory and medical records, with appropriate education and counseling of client, including:		
1. hematocrit/hemoglobin		
2. blood sugar (glucose)		
3. HIV		
4. Hepatitis B		
5. Hepatitis C		
6. Rubella		
7. Syphilis (VDRL or RPR)		
8. Group B Strep		
9. Gonorrhea culture		
10. Complete Blood Count		
11. Blood type and Rh factor		

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Skills Verification Form 201a, page 6 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
12. Rh antibodies		
13. Chlamydia		
14. PAP test		
15. Vitamin D		
16. thyroid panel		
17. HbA1c		
18. genetic screening		
19. blood albumin		
20. complete metabolic panel		
21. progesterone		
22. HCG		
III. Maternal Health Assessment		
A. Obtains and maintains records of health, reproductive and family medical history and possible implications to current pregnancy, including:		
1. personal information/demographics including religion, occupation, education, marital status, and economic status		
2. increased risk for less-than-optimal outcomes due to allostatic stress from racism and resource scarcity		
3. changes in health or behavior, and woman's evaluation of her health and nutrition		
4. potential exposure to environmental toxins		
5. medical conditions		
6. surgical history		

Skills Verification Form 201a, page 7 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

7. 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 behavioral risk factors for sexually transmitted infection		
h. history of risk of exposure to blood borne pathogens		
i. Rh type and plan of care if negative		
8. family medical history		
9. psychosocial history		
10. history of abuse		
11. mental health		
12. Mother's medical history		
a. genetics		
b. alcohol use		
c. drug use		
d. tobacco use		
e. allergies (environmental & medical)		
f. history of vasovagal response or fainting		

Skills Verification Form 201a, page 8 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

	Knowledge Initial/Date	Skill Initial/Date
g. foreign travel history		
h. vaccination history/status		
13. Father's medical history		
a. genetics		
b. alcohol use		
c. drug use		
d. tobacco use		
B. Performs a physical examination, including assessment of:		
1. size of uterus and ovaries by bimanual exam		
2. general appearance/skin condition		
3. baseline weight and height		
4. vital signs		
5. HEENT (Head, Eyes, Ears, Nose, and Throat) including thyroid by palpation		
6. lymph glands of neck, chest, and under arms		
7. breasts, including mother's knowledge of self breast exam techniques		
8. torso, extremities for bruising, abrasions, moles, unusual growths		
9. baseline reflexes		
10. heart and lungs		
11. abdomen by palpation and observation for scars		
12. kidney pain (CVAT)		
13. deep tendon reflexes of the knee		

Skills Verification Form 201a, page 9 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

14. condition of the vulva, vagina, cervix, perineum, and anus		
15. cervix by speculum exam		
16. vascular system (edema, varicosities, thrombophlebitis)		
IV. Prenatal Care		
A. Provides appropriate prenatal care and educates the family of significance		
B. Understands and educates about the anatomy and physiology of pregnancy and birth		
C. Understands normal and abnormal changes during pregnancy		
D. Assesses results of routine prenatal exams including ongoing assessment of:		
1. maternal psycho-social, emotional health and well being; signs of abuse		
2. vaginal discharge; including signs and symptoms of infection		
3. social support system		
4. maternal health by tracking variations and changes in:		
a. blood pressure		
b. weight		
c. color of mucus membranes		
d. general reflexes		
e. elimination/urination patterns		
f. sleep patterns		
g. energy levels		
h. nutritional patterns, pica		
i. hemoglobin/hematocrit		

Skills Verification Form 201a, page 10 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

	Knowledge Initial/Date	Skill Initial/Date
j. glucose levels		
k. breast conditions/implications for breastfeeding		
5. Assesses urine for:		
a. appearance: color, density, odor, clarity		
b. protein		
c. glucose		
d. ketones		
e. pH		
f. leukocytes		
g. nitrites		
h. blood		
i. specific gravity		
6. Estimates due date based on standard methods		
7. Assesses fetal growth and wellbeing		
a. fetal heart rate/tones auscultated with fetoscope or Doppler		
b. correlation of weeks gestation to fundal height		
c. fetal activity and responsiveness to stimulation		
8. Fetal palpation for:		
a. fetal weight		
b. fetal size		
c. fetal lie		

Skills Verification Form 201a, page 11 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

	Knowledge Initial/Date	Skill Initial/Date
d. degree of fetal head flexion		
9. Clonus		
10. Vital signs		
11. Respiratory assessment		
12. Edema		
13. Provides prenatal education, counseling, and recommendations for:		
a. nutritional and non-allopathic dietary supplement support		
b. normal body changes in pregnancy		
c. exercise and movement		
d. weight gain in pregnancy		
e. common complaints of pregnancy:		
(1) sleep difficulties		
(2) nausea/vomiting		
(3) fatigue		
(4) inflammation of sciatic nerve		
(5) breast tenderness		
(6) skin itchiness		
(7) vaginal yeast infection		
(8) bacterial vaginosis		
(9) symptoms of anemia		
(10) indigestion/heartburn		

Skills Verification Form 201a, page 12 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
(11) constipation		
(12) hemorrhoids		
(13) carpal tunnel syndrome		
(14) round ligament pain		
(15) headache		
(16) leg cramps		
(17) backache		
(18) varicose veins		
(19) sexual changes		
(20) emotional changes		
(21) fluid retention/swelling, edema		
E. Recognizes and responds to potential prenatal complications/variations by identifying, assessing, recommending treatment, or referring for:		
1. antepartum bleeding (first, second, or third trimester)		*
2. pregnancy induced hypertension		*
3. pre-eclampsia		*
4. gestational diabetes		*
5. urinary tract infection		*
6. fetus small for gestational age		*
7. fetus large for gestational age		*
8. intrauterine growth retardation		*

*Skill may be assessed by a NARM 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 13 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
9. thrombophlebitis		*
10. oligohydramnios		*
11. polyhydramnios		*
12. breech presentation:		
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		*
13. multiple gestation:		
a. identifying multiple gestation		*
b. management strategies for unexpected multiple births		*
14. Occipit posterior position:		
a. identification		
b. prevention		
c. techniques to encourage rotation		
15. vaginal birth after cesarean (VBAC)		
a. identifies VBAC by history and physical		*
b. indications/contraindications for out-of-hospital births		*
c. management strategies for VBAC		*

*Skill may be assessed by a NARM 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 14 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
d. identifies risk factors for uterine rupture:		
(1) type of uterine suturing		*
(2) uterine incision (classical or transverse)		*
(3) uterine scar thickness		*
(4) interdelivery interval		*
(5) number of previous cesareans		*
(6) previous vaginal births		*
(7) implantation site of placenta		*
16. recognizes signs, symptoms of uterine rupture and knows emergency treatment		*
17. preventing pre-term birth:		
a. risk assessment for pre-term birth		*
(1) smoking		*
(2) vaginal or urinary tract infections		*
(3) periodontal health		*
(4) prior pre-term birth		*
(5) other factors: stress, emotional health		*
b. educates and counsels mothers who request early induction of labor		*
c. educates for signs of pre-term labor		*
18. identifies and deals with pre-term labor with:		
a. referral		*
b. consults for pre-term labor		*

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Skills Verification Form 201a, page 15 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
c. treats pre-term labor with standard measures		*
19. assesses and evaluates a post-date pregnancy by monitoring/assessing:		
a. fetal movement, growth, and heart tone variability		
b. estimated due date calculations		
c. previous birth patterns		
d. amniotic fluid volume		
e. maternal tracking of fetal movement		
f. consults or refers for:		
(1) ultrasound		
(2) non-stress test		
(3) biophysical profile		
20. standard measures for treating a post-date pregnancy		
21. Cholestasis		*
22. conditions from previous pregnancies such as diastasis, prolapse, cytocele, rectocele		*
23. identifies and refers for:		
a. tubal, molar, or ectopic pregnancy		*
b. placental abruption		*
c. placenta previa		*
24. identifies premature rupture of membranes		
25. manages premature rupture of membranes in a FULL-TERM pregnancy:		
a. monitors fetal heart tones and movement		

*Skill may be assessed by a NARM 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 16 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
b. minimizes internal vaginal examinations		
c. reinforces appropriate hygiene techniques		
d. monitors vital signs for infection		
e. encourages increased fluid intake		
f. supports nutritional/non-allopathic treatment		
g. stimulates labor		
h. consults for prolonged rupture of membranes		
i. reviews Group B Strep status and inform of options		
26. consults and refers for premature rupture of membranes in a PRE-TERM pregnancy		*
27. establishes and follows emergency contingency plans for mother/baby		
28. educates on options for hospital transport, including augmentation and pharmacological pain relief		
29. cesarean birth:		
a. knows local options for cesarean birth		
b. educates on procedures for cesarean birth		
c. provides support before, during (as permitted), and after the cesarean process		
d. follows up for cesarean birth, including:		
(1) physical healing		
(2) emotional healing		
(3) breastfeeding and infant care after cesarean birth		

*Skill may be assessed by a NARM 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 17 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

V. Labor, Birth, and Immediate Postpartum		
A. Understands and supports the normal physiological process of labor and birth		
B. Understands the relationship of maternal and fetal anatomy in relation to labor and birth		
C. Facilitates maternal relaxation and provides comfort measures throughout labor:		
1. communicates in a calming voice, using kind and encouraging words		
2. applies knowledge of emotional and psychological aspects of labor to provide support		
3. applies knowledge of physical support in labor (counter pressure, position changes, massage, water, etc.)		
4. waterbirth		
a. educates on benefits and risks of waterbirth		
b. equips the birth site for a waterbirth		
c. discusses specific management of complications during waterbirth		
D. Recognizes and counsels on signs of early labor and appropriate activities		
E. Assesses maternal and infant status based on:		
1. vital signs		
2. food and fluid intake		
3. status of membranes		
4. uterine contractions (frequency, duration, intensity)		
5. fetal heart tones		
6. fetal lie, presentation, position, and descent		
7. cervical effacement and dilation		
F. Assesses and supports normal progress of labor		

Skills Verification Form 201a, page 18 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
G. Recognizes and responds appropriately to conditions that slow or stall labor, such as:		
1. anterior/swollen lip		*
2. posterior or asynclitic fetal position		
3. pendulous belly inhibiting descent		
4. maternal exhaustion		
5. maternal fears, emotions		
6. abnormal labor patterns		
7. deep transverse arrest		
8. obstructed labor		
9. advises on non-allopathic remedies (nipple stimulation, herbs, positions, movement, etc.)		
H. Recognizes, prevents or treats maternal dehydration		
I. Recognizes and responds to labor and birth complications such as:		
1. abnormal fetal heart tones and patterns		
2. cord prolapse		*
3. recognizes and responds to variations in presentations, such as:		
a. breech		
(1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation		*
(2) techniques for release of nuchal arms with breech		*
b. nuchal hand/arm		
(1) applies counter pressure to hand or arm and perineum		*

*Skill may be assessed by a NARM 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 19 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
(2) sweeps arm out		*
c. nuchal cord		
(1) loops finger under cord, sliding over head or shoulder		*
(2) clamps and cuts cord		*
(3) presses baby's head into perineum and somersaults the baby out		*
(4) prepares for possible resuscitation		*
d. face and brow		
(1) mechanism of delivery for face or brow presentation		*
(2) determines position of chin		*
(3) management strategies for face or brow presentation		* *
(4) prepares for resuscitation or treatment of bruising/swelling/ eye injury		
4. multiple birth and delivery		
a. identifies multiple gestation		*
b. consults or transports according to plan		*
c. prepares for attention to more than one		*
5. shoulder dystocia		
a. applies gentle traction while encouraging pushing		*
b. repositions the mother to:		
(1) hands and knees (Gaskin maneuver)		*
(2) exaggerated lithotomy (McRobert's position)		*

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Skills Verification Form 201a, page 20 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
(3) end of bed		*
(4) squat		*
c. repositions shoulders to oblique diameter		*
d. shifts pelvic angle with lunge or runner's pose		*
e. extracts posterior arm		*
f. flexes shoulders of newborn, then corkscrews		*
g. applies supra-pubic pressure		*
h. sweeps arm across newborn's face		*
i. fractures baby's clavicle		*
6. indications for performing an episiotomy		*
7. management of meconium stained fluids		
a. recognizes and assesses degree of meconium		
b. follows standard resuscitation procedures for meconium		
8. management of maternal exhaustion:		
a. hydration and nutrition		
b. rest/bath/removal of distractions		
c. monitors maternal and fetal vital signs, including urine ketones		
d. evaluates for consultation or referral		
9. recognizes/consults/transport for signs of:		
a. uterine rupture		*
b. uterine inversion		*

*Skill may be assessed by a NARM 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 21 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
c. amniotic fluid embolism		*
d. stillbirth		*
J. Evaluates and supports during second stage:		
1. recognizes and assesses progress in second stage		
2. supports maternal instincts in pushing techniques and positions		
3. recommends/suggests pushing techniques and positions when needed		
4. monitors vital signs; understands normal and abnormal changes		
5. facilitates supportive environment and family involvement		
6. prepares necessary equipment for immediate access		
7. uses appropriate hand techniques for perineal support and birth of baby		
K. Assesses condition and provides immediate care of newborn		
1. understands, recognizes, and supports normal newborn adjustment at birth		
a. keeps mother and baby warm and together for initial assessment		
b. determines APGAR score at one minute, five minutes, and, if needed, at ten minutes		
c. monitors respiratory and cardiac function by assessing:		
(1) symmetry of chest		
(2) sound and rate of heart tones and respirations		
(3) nasal flaring		
(4) grunting		
(5) chest retractions		
(6) circumoral cyanosis		

*Skill may be assessed by a NARM 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 22 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
(7) central cyanosis		
d. stimulates newborn respiration according to AAP/NRP recommendations		
e. encourages parental touch and speech while keeping baby warm		
2. responds to need for newborn resuscitation according to AAP/NRP recommendations		
3. recognizes and consults or transports for apparent birth defects		*
4. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or transports		
5. provides appropriate care of the umbilical cord:		
a. clamps and cuts cord after pulsing stops		
b. evaluates the cord, including number of vessels		
c. collects cord blood sample if needed		
6. assesses gestational age		
7. assesses for central nervous system disorder		
L. Recognizes and responds to normal third stage, including physiological and active management strategies		
1. determines signs of placental separation such as:		
a. separation gush		
b. contractions		
c. lengthening of cord		
d. urge to push		
e. rise in fundus		
2. facilitates delivery of the placenta by:		
a. breast feeding/nipple stimulation		

*Skill may be assessed by a NARM 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 38

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

	Knowledge Initial/Date	Skill Initial/Date
b. changing maternal position		
c. performing guarded cord traction		
d. emptying the bladder		
e. administering non-allopathic treatments		
f. encouraging maternal awareness		
g. manual removal		*
h. transport for removal		*
M. Assesses condition of placenta and membranes, recognizes normal and abnormal characteristics		
N. Estimates and monitors ongoing blood loss		
1. responds to a trickle bleed by:		
a. assesses origin		
b. assesses fundal height and uterine size		
c. fundal massage		
d. assesses vital signs		
e. emptying bladder		
f. breastfeeding or nipple stimulation		
g. expressing clots		
h. non-allopathic treatments		
O. Responds to postpartum hemorrhage with:		
1. fundal massage		
2. external bimanual compression		*

*Skill may be assessed by a NARM 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 24 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
3. internal bimanual compression		*
4. manual removal of clots		*
5. administering medications		*
6. non-allopathic treatments		*
7. increasing maternal focus and participation		*
8. administering or referin for IV fluids		*
9. consulting and/or transfer; activating emergency back up plan		*
10. treating for hypovolemic shock according to standard recommendations or protocols		*
11. performing external aortic compression		*
P. Assesses general condition of mother		
1. assesses for bladder distension		
a. encourages urination		
b. performs catheterization if needed		*
2. assesses condition of vagina, cervix, and perineum for:		
a. cystocele		
b. rectocele		
c. hematoma		
d. hemorrhoids		
e. bruising		
f. prolapsed cervix or uterus		

*Skill may be assessed by a NARM 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 25 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
g. tears, lacerations:		
(1) assesses blood color and volume; identify source		
(2) applies direct pressure on tear		*
(3) clamps vessel; if identified		*
(4) sutures 1st or 2nd degree or labial tears		*
(5) administers local anesthetic		*
(6) performs suturing according to standard procedures and protocols		*
(7) provides alternative repair methods (non-suturing)		*
3. provides instructions on care and treatment of perineum		
4. monitors maternal vital signs after birth		
5. provides timely food and drink		
Q. Facilitates breastfeeding by assisting and teaching about:		
1. colostrum		
2. positions for mother and baby		
3. skin to skin contact		
4. latching on		
5. maternal hydration and nutrition		
6. maternal rest		
7. feeding patterns		
8. maternal comfort measures for engorgement		

*Skill may be assessed by a NARM 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 26 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
9. letdown reflex		
10. milk expression		
11. normal newborn urine and stool output		
R. Performs a newborn exam by assessing for normal and abnormal		
1. assesses the head for:		
a. size/circumference		
b. molding		
c. hematoma		
d. caput		
e. suture lines		
f. fontanel		
2. assesses the eyes for:		
a. jaundice		
b. pupil condition		
c. tracking		
d. spacing		
e. clarity		
f. hemorrhage		
g. discharge		
h. red eye reflex		
3. assesses the ears for:		
a. positioning		

Skills Verification Form 201a, page 27 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

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

Skills Verification Form 201a, page 28 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

	Knowledge Initial/Date	Skill Initial/Date
b. nipples		
c. breast enlargement or discharge		
d. measurement (chest circumference)		
e. heart sounds (rate and irregularities)		
9. auscultates the lungs, front and back, for:		
a. breath sounds		
b. equal bilateral expansion		
10. assesses the abdomen for:		
a. enlarged organs		
b. masses		
c. hernias		
d. bowel sounds		
e. rigidity		
11. assesses the groin for:		
a. femoral pulses		
b. swollen glands		
12. assesses the genitalia for:		
a. appearance		
b. position of urethral opening		
c. testicles for:		
(1) descent		
(2) rugae		

Skills Verification Form 201a, page 29 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
(3) herniation		
d. assesses the labia for:		
(1) patency		
(2) maturity of clitoris and labia		
e. assesses the rectum for:		
(1) patency		
(2) meconium		
13. assesses abduct hips for dislocation		
14. assesses the legs for:		
a. symmetry of creases in the back of legs		
b. equal length		
c. foot/ankle abnormality		
15. assesses the feet for:		
a. abnormalities		
b. digits: number, webbing		
c. creases		
16. assesses the arms for symmetry in:		
a. structure		
b. movement		
17. assesses the hands for:		
a. digits: number, webbing		
b. finger taper		
c. palm creases		

Skills Verification Form 201a, page 30 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
d. length of nails		
18. assesses the backside of the baby for:		
a. symmetry of hips, range of motion		
b. condition of the spine:		
(1) dimpling		
(2) holes		
(3) straightness		
19. assesses flexion of extremities and muscle tone		
20. assesses reflexes:		
a. sucking		
b. moro		
c. babinski		
d. plantar/palmar		
e. stepping		
f. grasping		
g. rooting		
h. blinking		
21. assesses skin condition for:		
a. color		
b. lesions		
c. birthmarks		
d. milia		

Skills Verification Form 201a, page 31 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
e. vernix		
f. lanugo		
g. peeling		
h. rashes		
i. bruising		
j. Mongolian spots		
22. assesses length of baby		
23. assesses weight of baby		
24. assesses temperature of the baby		
S. Assesses gestational age of the baby		
T. Administers eye prophylaxis with informed consent of parents		*
U. Administers Vitamin K with informed consent of parents		*
V. Reviews Group B Strep status and signs or symptoms and plans for follow-up		
VI. Postpartum		
A. Assesses and evaluates physical and emotional changes following childbirth, including normal process of involution		
B. Assesses and evaluates normal or abnormal conditions of mother or baby at:		
1. day one to day two		
2. day three to day four		
3. one to two weeks		
4. three to four weeks		

*Skill may be assessed by a NARM 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 32 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
5. five to six weeks		
C. Assesses and provides counseling and education for:		
1. postpartum subjective history		
2. lochia vs. abnormal bleeding		
3. return of menses		
4. vital signs, digestion, elimination patterns		
5. muscle prolapse of vagina and rectum (cystocele, rectocele)		
6. condition and strength of pelvic floor		
7. condition of uterus (size and involution) ovaries, and cervix		
8. condition of vulva, vagina, perineum, and anus		
9. facilitates psycho-social adjustment:		
a. recognizes and responds to mild postpartum depression		
b. counsels for appropriate support from family and friends		
c. increases home or phone visits as needed		
d. recognizes and responds to increased severity of postpartum depression or psychosis		
e. counsels client and family on resources for depression; increases follow-up		
D. 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		*

*Skill may be assessed by a NARM 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 33 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
4. postpartum bleeding/hemorrhage		*
5. thrombophlebitis		*
6. separation of abdominal muscles		*
7. separation of symphysis pubis		*
8. postpartum pre-eclampsia		*
E. Evaluates and counsels for newborn jaundice		
1. refers or consults for jaundice in the first 24 hours after birth		
2. evaluates, counsels, and monitors for physiological jaundice after 24 hours		
3. encourages mother to breastfeed every two hours		
4. exposes front and back of newborn to sunlight through window glass		
5. assesses and monitors newborn lethargy and hydration		
6. consults or refers for increased symptoms		
F. Provides direction for care of circumcised penis		
G. Provides direction for care of intact (uncircumcised) penis		
H. Breastfeeding care and counseling:		
1. educates regarding adverse factors affecting breastfeeding or breastmilk		
a. environmental		
b. biological		
c. occupational		
d. pharmacological		

*Skill may be assessed by a NARM 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 34 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
2. evaluates baby's sucking method, position of lips and tongue		
3. evaluates conditions of breasts and nipples		
4. treats sore nipples:		
a. exposure to air		
b. alternates nursing positions		
c. applying topical agents		
d. applying expressed breastmilk		
e. flange of lips		
f. latch on		
g. tongue tie		
h. sucking		
i. swallowing		
5. treats thrush on nipples:		
a. dries nipples after nursing		*
b. non-allopathic remedies		*
c. allopathic treatments		*
6. treats mastitis by:		
a. provides immune support including:		
(1) nutrition/hydration		
(2) non-allopathic remedies		
b. encourages multiple nursing positions		

*Skill may be assessed by a NARM 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 35 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

c. applies herbal/non-allopathic compresses		
d. applies warmth, soaking in tub or by shower		
e. encourages adequate rest/relaxation		
f. assesses for signs and symptoms of infection		
g. teaches mother to empty breasts at each feeding		
h. provides or teaches gentle massage of sore spots		
i. consults or refers to breastfeeding support groups, lactation counselor, or other healthcare providers		
I. Provides contraceptive and family planning education, counseling, and referrals		
J. Provides opportunity for verbal and written feedback from client		
VII. Well-Baby Care		
A. Provides newborn care up to six weeks		
B. Principles of newborn adaptation to extrauterine life (physiologic changes in pulmonary and cardiac systems)		
1. Basic needs of newborn (breathing, warmth, nutrition, and bonding)		
2. Normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.		
3. Normal growth and development of the newborn and infant		
C. Assesses the current health and appearance of baby including:		
1. temperature		
2. heart rate, rhythm, and regularity		
3. respirations		
4. appropriate weight gain		

Skills Verification Form 201a, page 36 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
5. length		
6. measurement of circumference of head		
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. Understands, respects, and counsels on traditional or cultural practices related to the newborn		
E. Advises mother in care of:		
1. diaper rash		
2. cradle cap		
3. heat rash		
4. colic		
5. cord care		
F. Recognizes signs/symptoms and differential diagnosis of:		
1. infections		*
2. cardio-respiratory abnormalities		*

*Skill may be assessed by a NARM 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 37 of 38

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

	Knowledge Initial/Date	Skill Initial/Date
3. glucose disorders		*
4. birth defects		*
5. failure to thrive		*
6. newborn hemorrhagic disease (early and late onset)		*
7. polycythemia		*
8. non-accidental injuries		*
9. dehydration		*
G. Evaluates, counsels, and monitors for physiological jaundice after 24 hours		
1. encourages mother to breastfeed every two hours		
2. exposes front and back of newborn to sunlight through window glass		
3. assesses and monitors newborn lethargy and hydration		
4. consults or refers for additional screening and/or treatment		
H. Provides information for referral for continued well-baby care		
1. performs or refers for newborn metabolic screening		*
2. performs or refers for hearing screening		*
3. performs or refers for pulse oximetry newborn screening for congenital heart disease (CCHD)		*
4. educates about referral for integrative/complimentary/alternative practitioners		
5. educates about options for pediatrician or family practitioner		
6. educates about health care providers for immunizations or non-immunizations		

*Skill may be assessed by a NARM 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 38 of 38

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

Knowledge
Initial/Date

Skill
Initial/Date

I. Supports and educates parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects, or neonatal death		*
J. Supports and educates parents of newborns transferred to hospital or with special needs		*
K. Supports integration of baby into family		

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 NARM Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

Instructions for Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Experienced Midwives - Self Verification Form 201b and 201c, page 1 of 1

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

Important Notes

- ✓ Fill in the date each skill was acquired on the line to the left of the skill.
- ✓ Using the lines to the right of and under each skill, place codes from Form 201c that describe the circumstances under which the applicant acquired each of the skills on the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice List. More than one code may be used to document knowledge/skills. Attach additional copies of the form if necessary.
- ✓ Whenever possible, include copies of original documents that support or provide proof such as licenses (past or current), transcripts, CEU certificates, etc.
- ✓ Sign and notarize the affirmation at the end of the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201b.

Experienced Midwives - Self Verification Form 201b, page 1 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	I. Professional Issues, Knowledge, and Skills	
	A. Applies understanding of social determinants of health (income, literacy, education, sanitation, housing, environmental hazards, food security, common threats to health)	
	B. Applies understanding of direct and indirect causes of maternal and neonatal mortality and morbidity	
	C. Understands principles of research, evidence-based practice, critical interpretation of professional literature, and interpretation of vital statistics and research findings	
	D. Provides information on national and local health services, such as social services, WIC, breastfeeding, substance abuse, mental health, and bereavement	
	E. Educates about resources for referral to higher health facility levels, appropriate communication and transport mechanisms, prepared for emergencies	
	F. Knows legal and regulatory framework governing reproductive health for women, including laws, policies, protocols, and professional guidelines	
	G. Applies understanding of human rights and their effects on the health of individuals, including:	
	1. domestic partner violence	
	2. female genital cutting	
	3. cultural effect of religious beliefs	
	4. gender roles	
	5. other cultural health practices	
	H. Facilitates mother's decision of where to give birth by discussing:	
	1. advantages and risks of different birth sites	
	2. requirements of the birth site	
	3. how to prepare and equip the birth site	
	I. Participates in peer review for maternal and neonatal mortality or morbidity	
	1. understands the purpose of peer review	
	2. understands the process of participating in peer review	
	J. Understands the application of professional ethics, values, and human rights	

Experienced Midwives - Self Verification Form 201b, page 2 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	1. understands and applies the principles of confidentiality in relationships with clients and students including applicable components of HIPAA	
	2. understands the process of shared decision making with clients throughout pregnancy and birth	
	K. Understands and applies the following skills related to Professional Issues, Knowledge, and Skills:	
	1. prepares the mother for the possibility of less than optimum pregnancy outcomes	
	2. is responsible and accountable for clinical decisions and actions	
	3. acts consistently in accordance with standards of practice	
	4. maintains/updates knowledge and skills	
	5. behaves in a courteous, non-judgemental, non-discriminatory, and culturally appropriate manner with all clients	
	6. is respectful of individuals and of their cultural and customs	
	7. shares and explains protocols of practice, including regulatory requirements, and client's right to refuse testing or intervention	
	8. uses appropriate communication and listening skills with clients and support team	
	9. accurately and completely records all relevant information in the client's chart, and explains results to client	
	10. is able to comply with all local requirements for reporting births and deaths	
	II. General Healthcare Skills	
	A. Demonstrates the application of Universal Precautions as they relate to midwifery:	
	1. handwashing	
	2. gloving and ungloving	
	3. sterile technique	
	B. Educates on the benefits and contraindications of alternative healthcare practices (non-allopathic treatments) and modalities, including herbs, hydrotherapy, waterbirth, chiropractic, homeopathic, and acupuncture	
	C. Understands the benefits and risks, and recommends the appropriate use of vitamin and mineral supplements, including prenatal multi-vitamins, Vitamin C, Vitamin E, Folic acid, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D	

Experienced Midwives - Self Verification Form 201b, page 3 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	D. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:	
	1. local anesthetic for suturing	
	2. medical oxygen	
	3. Methergine ® (methylergonovine maleate)	
	4. prescriptive ophthalmic ointment	
	5. Pitocin ® for postpartum hemorrhage	
	6. RhoGam ®	
	7. Vitamin K (oral or IM)	
	8. antibiotics for Group B Strep	
	9. IV fluids	
	10. Cytotec ® (misoprostol)	
	11. epinephrine	
	E. Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFL, fetal well-being and growth, position, placental position, and determination of multiples	
	F. Demonstrates knowledge of benefits/risks of biophysical profile, including counseling and referrals	
	G. Demonstrates knowledge of how and when to use instruments and equipment, including:	
	1. amnihook	
	2. bag and mask resuscitator	
	3. bulb syringe	
	4. Delee ® tube-mouth suction device	
	5. hemostats	

Experienced Midwives - Self Verification Form 201b, page 4 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	6. lancets	
	7. nitrazine paper	
	8. scissors (all kinds)	
	9. suturing equipment	
	10. straight, in and out catheter	
	11. vacutainer /blood collection tube	
	12. gestational wheel or calendar	
	13. newborn and adult scale	
	14. thermometer	
	15. urinalysis strips	
	16. cord clamps	
	17. doppler	
	18. fetoscope	
	19. stethoscope	
	20. vaginal speculum	
	21. blood pressure cuff	
	22. oxygen tank, flow meter, cannula, and face mask	
	23. pulse oximeter	
	24. laryngeal mask airway (LMA)	
	H. Proper use of injection equipment including syringe, single and multi dose vial/ ampules, and sharps container	
	I. Obtains or refers for urine culture	

Experienced Midwives - Self Verification Form 201b, page 5 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	J. Obtains or refers for vaginal culture	
	K. Obtains or refers for blood screening tests	
	L. Evaluates laboratory and medical records, with appropriate education and counseling of client, including:	
	1. hematocrit/hemoglobin	
	2. blood sugar (glucose)	
	3. HIV	
	4. Hepatitis B	
	5. Hepatitis C	
	6. Rubella	
	7. Syphilis (VDRL or RPR)	
	8. Group B Strep	
	9. Gonorrhea culture	
	10. Complete Blood Count	
	11. Blood type and Rh factor	
	12. Rh antibodies	
	13. Chlamydia	
	14. PAP test	
	15. Vitamin D	
	16. thyroid panel	
	17. HbA1c	
	18. genetic screening	

Experienced Midwives - Self Verification Form 201b, page 6 of 36

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

Approx. Date _____

Code from Form 201c for each skill

	19. blood albumin	
	20. complete metabolic panel	
	21. progesterone	
	22. HCG	
	III. Maternal Health Assessment	
	A. Obtains and maintains records of health, reproductive and family medical history and possible implications to current pregnancy, including:	
	1. personal information/demographics including religion, occupation, education, marital status, and economic status	
	2. increased risk for less-than-optimal outcomes due to allostatic stress from racism and resource scarcity	
	3. changes in health or behavior, and woman's evaluation of her health and nutrition	
	4. potential exposure to environmental toxins	
	5. medical conditions	
	6. surgical history	
	7. 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 behavioral risk factors for sexually transmitted infection	
	h. history of risk of exposure to blood borne pathogens	

Experienced Midwives - Self Verification Form 201b, page 7 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	i. Rh type and plan of care if negative	
	8. family medical history	
	9. psychosocial history	
	10. history of abuse	
	11. mental health	
	12. Mother's medical history	
	a. genetics	
	b. alcohol use	
	c. drug use	
	d. tobacco use	
	e. allergies (environmental & medical)	
	f. history of vasovagal response or fainting	
	g. foreign travel history	
	h. vaccination history/status	
	13. Father's medical history	
	a. genetics	
	b. alcohol use	
	c. drug use	
	d. tobacco use	
	B. Performs a physical examination, including assessment of:	
	1. size of uterus and ovaries by bimanual exam	

Experienced Midwives - Self Verification Form 201b, page 8 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	2. general appearance/skin condition	
	3. baseline weight and height	
	4. vital signs	
	5. HEENT (Head, Eyes, Ears, Nose, and Throat) including thyroid by palpation	
	6. lymph glands of neck, chest, and under arms	
	7. breasts, including mother's knowledge of self breast exam techniques	
	8. torso, extremities for bruising, abrasions, moles, unusual growths	
	9. baseline reflexes	
	10. heart and lungs	
	11. abdomen by palpation and observation for scars	
	12. kidney pain (CVAT)	
	13. deep tendon reflexes of the knee	
	14. condition of the vulva, vagina, cervix, perineum, and anus	
	15. cervix by speculum exam	
	16. vascular system (edema, varicosities, thrombophlebitis)	
	IV. Prenatal Care	
	A. Provides appropriate prenatal care and educates the family of significance	
	B. Understands and educates about the anatomy and physiology of pregnancy and birth	
	C. Understands normal and abnormal changes during pregnancy	
	D. Assesses results of routine prenatal exams including ongoing assessment of:	
	1. maternal psycho-social, emotional health and well being; signs of abuse	

Experienced Midwives - Self Verification Form 201b, page 9 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	2. vaginal discharge; including signs and symptoms of infection	
	3. social support system	
	4. maternal health by tracking variations and changes in:	
	a. blood pressure	
	b. weight	
	c. color of mucus membranes	
	d. general reflexes	
	e. elimination/urination patterns	
	f. sleep patterns	
	g. energy levels	
	h. nutritional patterns, pica	
	i. hemoglobin/hematocrit	
	j. glucose levels	
	k. breast conditions/implications for breastfeeding	
	5. Assesses urine for:	
	a. appearance: color, density, odor, clarity	
	b. protein	
	c. glucose	
	d. ketones	
	e. pH	
	f. leukocytes	
	g. nitrites	

Experienced Midwives - Self Verification Form 201b, page 10 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	h. blood	
	i. specific gravity	
	6. Estimates due date based on standard methods	
	7. Assesses fetal growth and wellbeing	
	a. fetal heart rate/tones auscultated with fetoscope or Doppler	
	b. correlation of weeks gestation to fundal height	
	c. fetal activity and responsiveness to stimulation	
	8. Fetal palpation for:	
	a. fetal weight	
	b. fetal size	
	c. fetal lie	
	d. degree of fetal head flexion	
	9. Clonus	
	10. Vital signs	
	11. Respiratory assessment	
	12. Edema	
	13. Provides prenatal education, counseling, and recommendations for:	
	a. nutritional and non-allopathic dietary supplement support	
	b. normal body changes in pregnancy	
	c. exercise and movement	
	d. weight gain in pregnancy	

Experienced Midwives - Self Verification Form 201b, page 11 of 36

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

Approx. Date _____

Code from Form 201c for each skill _____

	e. common complaints of pregnancy:	
	(1) sleep difficulties	
	(2) nausea/vomiting	
	(3) fatigue	
	(4) inflammation of sciatic nerve	
	(5) breast tenderness	
	(6) skin itchiness	
	(7) vaginal yeast infection	
	(8) bacterial vaginosis	
	(9) symptoms of anemia	
	(10) indigestion/heartburn	
	(11) constipation	
	(12) hemorrhoids	
	(13) carpal tunnel syndrome	
	(14) round ligament pain	
	(15) headache	
	(16) leg cramps	
	(17) backache	
	(18) varicose veins	
	(19) sexual changes	
	(20) emotional changes	

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Code from Form 201c for each skill _____

	(21) fluid retention/swelling, edema	
	E. Recognizes and responds to potential prenatal complications/variations by identifying, assessing, recommending treatment, or referring for:	
	1. antepartum bleeding (first, second, or third trimester)	
	2. pregnancy induced hypertension	
	3. pre-eclampsia	
	4. gestational diabetes	
	5. urinary tract infection	
	6. fetus small for gestational age	
	7. fetus large for gestational age	
	8. intrauterine growth retardation	
	9. thrombophlebitis	
	10. oligohydramnios	
	11. polyhydramnios	
	12. breech presentation:	
	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	
	13. multiple gestation:	
	a. identifying multiple gestation	

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Code from Form 201c for each skill _____

	b. management strategies for unexpected multiple births	
	14. Occipit posterior position:	
	a. identification	
	b. prevention	
	c. techniques to encourage rotation	
	15. vaginal birth after cesarean (VBAC)	
	a. identifies VBAC by history and physical	
	b. indications/contraindications for out-of-hospital births	
	c. management strategies for VBAC	
	d. identifies risk factors for uterine rupture:	
	(1) type of uterine suturing	
	(2) uterine incision (classical or transverse)	
	(3) uterine scar thickness	
	(4) interdelivery interval	
	(5) number of previous cesareans	
	(6) previous vaginal births	
	(7) implantation site of placenta	
	16. recognizes signs, symptoms of uterine rupture and knows emergency treatment	
	17. preventing pre-term birth:	
	a. risk assessment for pre-term birth	
	(1) smoking	
	(2) vaginal or urinary tract infections	

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	(3) periodontal health	
	(4) prior pre-term birth	
	(5) other factors: stress, emotional health	
	b. educates and counsels mothers who request early induction of labor	
	c. educates for signs of pre-term labor	
	18. identifies and deals with pre-term labor with:	
	a. referral	
	b. consults for pre-term labor	
	c. treats pre-term labor with standard measures	
	19. assesses and evaluates a post-date pregnancy by monitoring/assessing:	
	a. fetal movement, growth, and heart tone variability	
	b. estimated due date calculations	
	c. previous birth patterns	
	d. amniotic fluid volume	
	e. maternal tracking of fetal movement	
	f. consults or refers for:	
	(1) ultrasound	
	(2) non-stress test	
	(3) biophysical profile	
	20. standard measures for treating a post-date pregnancy	
	21. Cholestasis	
	22. conditions from previous pregnancies such as diastasis, prolapse, cytocele, rectocele	

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Code from Form 201c for each skill _____

	23. identifies and refers for:	
	a. tubal, molar, or ectopic pregnancy	
	b. placental abruption	
	c. placenta previa	
	24. identifies premature rupture of membranes	
	25. manages premature rupture of membranes in a FULL-TERM pregnancy:	
	a. monitors fetal heart tones and movement	
	b. minimizes internal vaginal examinations	
	c. reinforces appropriate hygiene techniques	
	d. monitors vital signs for infection	
	e. encourages increased fluid intake	
	f. supports nutritional/non-allopathic treatment	
	g. stimulates labor	
	h. consults for prolonged rupture of membranes	
	i. reviews Group B Strep status and inform of options	
	26. consults and refers for premature rupture of membranes in a PRE-TERM pregnancy	
	27. establishes and follows emergency contingency plans for mother/baby	
	28. educates on options for hospital transport, including augmentation and pharmacological pain relief	
	29. cesarean birth:	
	a. knows local options for cesarean birth	
	b. educates on procedures for cesarean birth	
	c. provides support before, during (as permitted), and after the cesarean process	

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	d. follows up for cesarean birth, including:	
	(1) physical healing	
	(2) emotional healing	
	(3) breastfeeding and infant care after cesarean birth	
	V. Labor, Birth, and Immediate Postpartum	
	A. Understands and supports the normal physiological process of labor and birth	
	B. Understands the relationship of maternal and fetal anatomy in relation to labor and birth	
	C. Facilitates maternal relaxation and provides comfort measures throughout labor:	
	1. communicates in a calming voice, using kind and encouraging words	
	2. applies knowledge of emotional and psychological aspects of labor to provide support	
	3. applies knowledge of physical support in labor (counter pressure, position changes, massage, water, etc.)	
	4. waterbirth	
	a. educates on benefits and risks of waterbirth	
	b. equips the birth site for a waterbirth	
	c. discusses specific management of complications during waterbirth	
	D. Recognizes and counsels on signs of early labor and appropriate activities	
	E. Assesses maternal and infant status based on:	
	1. vital signs	
	2. food and fluid intake	
	3. status of membranes	
	4. uterine contractions (frequency, duration, intensity)	
	5. fetal heart tones	

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	6. fetal lie, presentation, position, and descent	
	7. cervical effacement and dilation	
	F. Assesses and supports normal progress of labor	
	G. Recognizes and responds appropriately to conditions that slow or stall labor, such as:	
	1. anterior/swollen lip	
	2. posterior or asynclitic fetal position	
	3. pendulous belly inhibiting descent	
	4. maternal exhaustion	
	5. maternal fears, emotions	
	6. abnormal labor patterns	
	7. deep transverse arrest	
	8. obstructed labor	
	9. advises on non-allopathic remedies (nipple stimulation, herbs, positions, movement, etc.)	
	H. Recognizes, prevents or treats maternal dehydration	
	I. Recognizes and responds to labor and birth complications such as:	
	1. abnormal fetal heart tones and patterns	
	2. cord prolapse	
	3. recognizes and responds to variations in presentations, such as:	
	a. breech	
	(1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation	
	(2) techniques for release of nuchal arms with breech	
	b. nuchal hand/arm	

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	(1) applies counter pressure to hand or arm and perineum	
	(2) sweeps arm out	
	c. nuchal cord	
	(1) loops finger under cord, sliding over head or shoulder	
	(2) clamps and cuts cord	
	(3) presses baby's head into perineum and somersaults the baby out	
	(4) prepares for possible resuscitation	
	d. face and brow	
	(1) mechanism of delivery for face or brow presentation	
	(2) determines position of chin	
	(3) management strategies for face or brow presentation	
	(4) prepares for resuscitation or treatment of bruising/swelling/ eye injury	
	4. multiple birth and delivery	
	a. identifies multiple gestation	
	b. consults or transports according to plan	
	c. prepares for attention to more than one	
	5. shoulder dystocia	
	a. applies gentle traction while encouraging pushing	
	b. repositions the mother to:	
	(1) hands and knees (Gaskin maneuver)	
	(2) exaggerated lithotomy (McRobert's position)	

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Code from Form 201c for each skill _____

	(3) end of bed	
	(4) squat	
	c. repositions shoulders to oblique diameter	
	d. shifts pelvic angle with lunge or runner's pose	
	e. extracts posterior arm	
	f. flexes shoulders of newborn, then corkscrews	
	g. applies supra-pubic pressure	
	h. sweeps arm across newborn's face	
	i. fractures baby's clavicle	
	6. indications for performing an episiotomy	
	7. management of meconium stained fluids	
	a. recognizes and assesses degree of meconium	
	b. follows standard resuscitation procedures for meconium	
	8. management of maternal exhaustion:	
	a. hydration and nutrition	
	b. rest/bath/removal of distractions	
	c. monitors maternal and fetal vital signs, including urine ketones	
	d. evaluates for consultation or referral	
	9. recognizes/consults/transport for signs of:	
	a. uterine rupture	
	b. uterine inversion	
	c. amniotic fluid embolism	

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Code from Form 201c for each skill

	d. stillbirth	
	J. Evaluates and supports during second stage:	
	1. recognizes and assesses progress in second stage	
	2. supports maternal instincts in pushing techniques and positions	
	3. recommends/suggests pushing techniques and positions when needed	
	4. monitors vital signs; understands normal and abnormal changes	
	5. facilitates supportive environment and family involvement	
	6. prepares necessary equipment for immediate access	
	7. uses appropriate hand techniques for perineal support and birth of baby	
	K. Assesses condition and provides immediate care of newborn	
	1. understands, recognizes, and supports normal newborn adjustment at birth	
	a. keeps mother and baby warm and together for initial assessment	
	b. determines APGAR score at one minute, five minutes, and, if needed, at ten minutes	
	c. monitors respiratory and cardiac function by assessing:	
	(1) symmetry of chest	
	(2) sound and rate of heart tones and respirations	
	(3) nasal flaring	
	(4) grunting	
	(5) chest retractions	
	(6) circumoral cyanosis	
	(7) central cyanosis	
	d. stimulates newborn respiration according to AAP/NRP recommendations	

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	e. encourages parental touch and speech while keeping baby warm	
	2. responds to need for newborn resuscitation according to AAP/NRP recommendations	
	3. recognizes and consults or transports for apparent birth defects	
	4. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or transports	
	5. provides appropriate care of the umbilical cord:	
	a. clamps and cuts cord after pulsing stops	
	b. evaluates the cord, including number of vessels	
	c. collects cord blood sample if needed	
	6. assesses gestational age	
	7. assesses for central nervous system disorder	
	L. Recognizes and responds to normal third stage, including physiological and active management strategies	
	1. determines signs of placental separation such as:	
	a. separation gush	
	b. contractions	
	c. lengthening of cord	
	d. urge to push	
	e. rise in fundus	
	2. facilitates delivery of the placenta by:	
	a. breast feeding/nipple stimulation	
	b. changing maternal position	
	c. performing guarded cord traction	
	d. emptying the bladder	

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	e. administering non-allopathic treatments	
	f. encouraging maternal awareness	
	g. manual removal	
	h. transport for removal	
	M. Assesses condition of placenta and membranes, recognizes normal and abnormal characteristics	
	N. Estimates and monitors ongoing blood loss	
	1. responds to a trickle bleed by:	
	a. assesses origin	
	b. assesses fundal height and uterine size	
	c. fundal massage	
	d. assesses vital signs	
	e. emptying bladder	
	f. breastfeeding or nipple stimulation	
	g. expressing clots	
	h. non-allopathic treatments	
	O. Responds to postpartum hemorrhage with:	
	1. fundal massage	
	2. external bimanual compression	
	3. internal bimanual compression	
	4. manual removal of clots	
	5. administering medications	
	6. non-allopathic treatments	

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	7. increasing maternal focus and participation	
	8. administering or referin for IV fluids	
	9. consulting and/or transfer; activating emergency back up plan	
	10. treating for hypovolemic shock according to standard recommendations or protocols	
	11. performing external aortic compression	
	P. Assesses general condition of mother	
	1. assesses for bladder distension	
	a. encourages urination	
	b. performs catheterization if needed	
	2. assesses condition of vagina, cervix, and perineum for:	
	a. cystocele	
	b. rectocele	
	c. hematoma	
	d. hemorrhoids	
	e. bruising	
	f. prolapsed cervix or uterus	
	g. tears, lacerations:	
	(1) assesses blood color and volume; identify source	
	(2) applies direct pressure on tear	
	(3) clamps vessel; if identified	
	(4) sutures 1st or 2nd degree or labial tears	
	(5) administers local anesthetic	

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	(6) performs suturing according to standard procedures and protocols	
	(7) provides alternative repair methods (non-suturing)	
	3. provides instructions on care and treatment of perineum	
	4. monitors maternal vital signs after birth	
	5. provides timely food and drink	
	Q. Facilitates breastfeeding by assisting and teaching about:	
	1. colostrum	
	2. positions for mother and baby	
	3. skin to skin contact	
	4. latching on	
	5. maternal hydration and nutrition	
	6. maternal rest	
	7. feeding patterns	
	8. maternal comfort measures for engorgement	
	9. letdown reflex	
	10. milk expression	
	11. normal newborn urine and stool output	
	R. Performs a newborn exam by assessing for normal and abnormal	
	1. assesses the head for:	
	a. size/circumference	
	b. molding	

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	c. hematoma	
	d. caput	
	e. suture lines	
	f. fontanel	
	2. assesses the eyes for:	
	a. jaundice	
	b. pupil condition	
	c. tracking	
	d. spacing	
	e. clarity	
	f. hemorrhage	
	g. discharge	
	h. red eye reflex	
	3. assesses the ears for:	
	a. positioning	
	b. response to sound	
	c. patency	
	d. cartilage	
	4. assesses the mouth for:	
	a. appearance and feel of palate	
	b. lip and mouth color	
	c. tongue	

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	d. lip cleft	
	e. signs of dehydration	
	f. tongue and lip tie	
	5. assesses the nose for:	
	a. patency	
	b. flaring nostrils	
	6. assesses the neck for:	
	a. enlarged glands, thyroid, and lymph	
	b. trachea placement	
	c. soft tissue swelling	
	d. unusual range of motion	
	7. assesses the clavicle for:	
	a. integrity	
	b. symmetry	
	8. assesses the chest for:	
	a. symmetry	
	b. nipples	
	c. breast enlargement or discharge	
	d. measurement (chest circumference)	
	e. heart sounds (rate and irregularities)	
	9. auscultates the lungs, front and back, for:	
	a. breath sounds	

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	b. equal bilateral expansion	
	10. assesses the abdomen for:	
	a. enlarged organs	
	b. masses	
	c. hernias	
	d. bowel sounds	
	e. rigidity	
	11. assesses the groin for:	
	a. femoral pulses	
	b. swollen glands	
	12. assesses the genitalia for:	
	a. appearance	
	b. position of urethral opening	
	c. testicles for:	
	(1) descent	
	(2) rugae	
	(3) herniation	
	d. assesses the labia for:	
	(1) patency	
	(2) maturity of clitoris and labia	
	e. assesses the rectum for:	
	(1) patency	
	(2) meconium	

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	13. assesses abduct hips for dislocation	
	14. assesses the legs for:	
	a. symmetry of creases in the back of legs	
	b. equal length	
	c. foot/ankle abnormality	
	15. assesses the feet for:	
	a. abnormalities	
	b. digits: number, webbing	
	c. creases	
	16. assesses the arms for symmetry in:	
	a. structure	
	b. movement	
	17. assesses the hands for:	
	a. digits: number, webbing	
	b. finger taper	
	c. palm creases	
	d. length of nails	
	18. assesses the backside of the baby for:	
	a. symmetry of hips, range of motion	
	b. condition of the spine:	
	(1) dimpling	
	(2) holes	
	(3) straightness	
	19. assesses flexion of extremities and muscle tone	

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	20. assesses reflexes:	
	a. sucking	
	b. moro	
	c. babinski	
	d. plantar/palmar	
	e. stepping	
	f. grasping	
	g. rooting	
	h. blinking	
	21. assesses skin condition for:	
	a. color	
	b. lesions	
	c. birthmarks	
	d. milia	
	e. vernix	
	f. lanugo	
	g. peeling	
	h. rashes	
	i. bruising	
	j. Mongolian spots	
	22. assesses length of baby	
	23. assesses weight of baby	

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	24. assesses temperature of the baby	
	S. Assesses gestational age of the baby	
	T. Administers eye prophylaxis with informed consent of parents	
	U. Administers Vitamin K with informed consent of parents	
	V. Reviews Group B Strep status and signs or symptoms and plans for follow-up	
	VI. Postpartum	
	A. Assesses and evaluates physical and emotional changes following childbirth, including normal process of involution	
	B. Assesses and evaluates normal or abnormal conditions of mother or 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 for:	
	1. postpartum subjective history	
	2. lochia vs. abnormal bleeding	
	3. return of menses	
	4. vital signs, digestion, elimination patterns	
	5. muscle prolapse of vagina and rectum (cystocele, rectocele)	
	6. condition and strength of pelvic floor	
	7. condition of uterus (size and involution) ovaries, and cervix	
	8. condition of vulva, vagina, perineum, and anus	

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	9. facilitates psycho-social adjustment:	
	a. recognizes and responds to mild postpartum depression	
	b. counsels for appropriate support from family and friends	
	c. increases home or phone visits as needed	
	d. recognizes and responds to increased severity of postpartum depression or psychosis	
	e. counsels client and family on resources for depression; increases follow-up	
	D. 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 bleeding/hemorrhage	
	5. thrombophlebitis	
	6. separation of abdominal muscles	
	7. separation of symphysis pubis	
	8. postpartum pre-eclampsia	
	E. Evaluates and counsels for newborn jaundice	
	1. refers or consults for jaundice in the first 24 hours after birth	
	2. evaluates, counsels, and monitors for physiological jaundice after 24 hours	
	3. encourages mother to breastfeed every two hours	
	4. exposes front and back of newborn to sunlight through window glass	
	5. assesses and monitors newborn lethargy and hydration	

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	6. consults or refers for increased symptoms	
	F. Provides direction for care of circumcised penis	
	G. Provides direction for care of intact (uncircumcised) penis	
	H. Breastfeeding care and counseling:	
	1. educates regarding adverse factors affecting breastfeeding or breastmilk	
	a. environmental	
	b. biological	
	c. occupational	
	d. pharmacological	
	2. evaluates baby's sucking method, position of lips and tongue	
	3. evaluates conditions of breasts and nipples	
	4. treats sore nipples:	
	a. exposure to air	
	b. alternates nursing positions	
	c. applying topical agents	
	d. applying expressed breastmilk	
	e. flange of lips	
	f. latch on	
	g. tongue tie	
	h. sucking	
	i. swallowing	

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	5. treats thrush on nipples:	
	a. dries nipples after nursing	
	b. non-allopathic remedies	
	c. allopathic treatments	
	6. treats mastitis by:	
	a. provides immune support including:	
	(1) nutrition/hydration	
	(2) non-allopathic remedies	
	b. encourages multiple nursing positions	
	c. applies herbal/non-allopathic compresses	
	d. applies warmth, soaking in tub or by shower	
	e. encourages adequate rest/relaxation	
	f. assesses for signs and symptoms of infection	
	g. teaches mother to empty breasts at each feeding	
	h. provides or teaches gentle massage of sore spots	
	i. consults or refers to breastfeeding support groups, lactation counselor, or other healthcare providers	
	I. Provides contraceptive and family planning education, counseling, and referrals	
	J. Provides opportunity for verbal and written feedback from client	
	VII. Well-Baby Care	
	A. Provides newborn care up to six weeks	
	B. Principles of newborn adaptation to extrauterine life (physiologic changes in pulmonary and cardiac systems)	
	1. Basic needs of newborn (breathing, warmth, nutrition, and bonding)	

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	2. Normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.	
	3. Normal growth and development of the newborn and infant	
	C. Assesses 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	
	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. Understands, respects, and counsels on traditional or cultural practices related to the newborn	
	E. Advises mother in care of:	
	1. diaper rash	
	2. cradle cap	
	3. heat rash	

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	4. colic	
	5. cord care	
	F. Recognizes signs/symptoms and differential diagnosis of:	
	1. infections	
	2. cardio-respiratory abnormalities	
	3. glucose disorders	
	4. birth defects	
	5. failure to thrive	
	6. newborn hemorrhagic disease (early and late onset)	
	7. polycythemia	
	8. non-accidental injuries	
	9. dehydration	
	G. Evaluates, counsels, and monitors for physiological jaundice after 24 hours	
	1. encourages mother to breastfeed every two hours	
	2. exposes front and back of newborn to sunlight through window glass	
	3. assesses and monitors newborn lethargy and hydration	
	4. consults or refers for additional screening and/or treatment	
	H. Provides information for referral for continued well-baby care	
	1. performs or refers for newborn metabolic screening	
	2. performs or refers for hearing screening	
	3. performs or refers for pulse oximetry newborn screening for congenital heart disease (CCHD)	

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	4. educates about referral for integrative/complimentary/alternative practitioners	
	5. educates about options for pediatrician or family practitioner	
	6. educates about health care providers for immunizations or non-immunizations	
	I. Supports and educates parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects, or neonatal death	
	J. Supports and educates parents of newborns transferred to hospital or with special needs	
	K. Supports integration of baby into family	

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: _____

Self-Verification Documentation Form 201c

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

Experienced Midwife PEP applicants should use this form to document how they obtained their knowledge of skills listed on Form 201b rather than describe them on Form 201b. Document how you obtained the knowledge, and transfer the Code # to the appropriate skill(s) on Form 201b. More than one code may be used for each skill if applicable. Transfer codes only to Form 201b but include this form with your application. Photocopy this form as needed.

Date of Workshop, Book Copyright Date, Journal Name and Article Vol #, or other details explaining how knowledge was received.								
Author, Presenter, Instructor, or other								
Name of workshop, book, article, or other situation in which skill was learned								
Code #								

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 201a. They must fill out this form and have it notarized.

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 201a.

By checking this box, I affirm that I am a current NARM Registered Preceptor.

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/Apprentice Relationships.

Preceptor's Signature: _____

Preceptor's Initials: _____ Date: _____

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

Notary Seal

(Notary Signature)

My Commission Expires: _____

Out-of-Hospital Birth Documentation Form 204

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

Applicants must keep the original client charts, copies, or best written documentation for all births.

This form must record ten births, not including transports, the applicant attended in an out-of-hospital setting as primary midwife or Primary Under Supervision in the last three years. All births on this form must be **done in the U.S./Canada**.

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 Continuity of Care—Practical Experience Form 200.

*** Preceptors must initial this form for MEAC and UK Registered Midwife applicants.** Witnesses may initial the information for those applying through the CNM/CM or State Licensed category.

Birth #	Client # or Code	Date of Birth	Birth Site ¹	Outcome: including actions, complications, etc.	Preceptor/Witness ² Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

¹Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center;

²Fill 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	E-Mail address	Preceptor/Witness Initials
1.		
2.		
3.		

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

Document Verification Form 205a to be filled out by Preceptor

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

I, _____, a preceptor of
_____, (applicant's name) do hereby verify
that he/she utilizes in his/her practice the following documents:

- Practice Guidelines;
- Emergency Care Form;
- Informed Disclosure (given at initiation of care); and
- Informed Consent documents (used for shared decision making during care).

By checking this box, I affirm that I am a current NARM Registered Preceptor.

Preceptors for International Births (for births prior to June 1, 2014):

- 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.

Print Preceptor's name

Preceptor'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: _____

Document Verification Form 205b to be filled out by the Applicant

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

I, _____, do hereby affirm that I do utilize in my practice the following documents:

- Practice Guidelines;
- Emergency Care Form;
- Informed Disclosure (given at initiation of care); and
- Informed Consent documents (used for shared decision making during care).

Further, I have shown these documents to the notary whose signature is below.

Print applicant's name

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: _____

Second Verification of Skills Form 206 Instructions

A NARM Registered Preceptor must verify competent performance of these skills. This Registered Preceptor may not have verified any skill on Form 201a.

The Registered Preceptor should place a check mark next to each task that has been competently performed under the direct supervision of the Registered Preceptor and sign for the entire skill when all tasks have been verified. No boxes should be left unchecked when the skill is signed by the Registered Preceptor. The Registered Preceptor should also fill out the Preceptor Verification Form including current contact information.

More than one Registered Preceptor may sign the skills on the Second Verification of Skills Forms, but all parts of each complete skill must be verified by one preceptor.

The secondary verification may be done as a demonstration with volunteer models or in a clinical setting.

The applicant must verify competent performance in the following seven required skills:

- 1) basic physical exam
- 2) routine prenatal exam of a pregnant woman at least 28 weeks gestation
- 3) newborn exam
- 4) postpartum exam at 24-72 hours
- 5) drawing up medication from a single dose ampule and a multi-dose vial, and intramuscular injection (using an orange if the skill is performed in demonstration rather than in the field)
- 6) set-up and administration of oxygen unit: including procedure, safety measures, use of both cannula and face mask, and the regulation of the flow meter
- 7) sterile technique, including handwashing, gloving and ungloving, and preparing a sterile field

Second Verification of Skills Form 206, page 1 of 8

Name of Applicant: _____ Date: _____

1. Basic Physical Exam: The applicant should assess by demonstration or verbalization, and accurately document findings for the following:

- General physical appearance
- General emotional status
- Height
- Weight
- Oral temperature
- Baseline pulse
- Baseline blood pressure
- Palpation of head
- Palpation of neck
- Palpation of thyroid
- Palpation of lymph glands in neck
- Eyes
- Ears
- Teeth, mucous membranes, tongue & tonsils
- Breast exam, including axillary lymph glands
- Palpation of abdomen
- Heart (with stethoscope)
- Lungs (with stethoscope)
- Kidney pain (CVAT)
- Spine for straightness and symmetry
- Upper and lower extremities
- Reflexes
- Skin

Signature of NARM Registered Preceptor _____

Date _____

Second Verification of Skills Form 206, page 2 of 8

Name of Applicant: _____ Date: _____

2. Routine Prenatal Exam (mother must be at least 28 weeks gestation)

Urinalysis:

- Obtains urine sample
- Dips stick, covering each square without contamination
- Color comparison as directed on container
- Notes color, clarity, density, odor
- Proper disposal of urine and stick
- Obtains weight, balancing scale at "0"
- Establishes or confirms due dates using gestational wheel or calendar

Obtains blood pressure:

- Proper position of cuff, arm, & stethoscope
- Proper inflation and deflation of cuff
- Listening and recording of blood pressure

Abdominal palpation:

- Assessment of fetal presentation
- Lie
- Position
- Engagement
- Estimated fetal weight
- Assessment of fetal heart tones and movement via stethoscope or Doppler
- Measures fundal height using centimeter measuring tape
- Assessment of edema on tibia by pressing finger against bone, indicate degree of pitting if any
- Documents findings in chart

Signature of NARM Registered Preceptor _____

Date _____

Second Verification of Skills Form 206, page 3 of 8

Name of Applicant: _____ Date: _____

3. Newborn Exam of a baby less than six weeks old: may be done at birth or postpartum visit. Tasks are performed as though the baby has just been born.

- Appropriate handwashing prior to exam
- Notes general appearance and alertness

Assesses reflexes:

- Sucking
 - Moro
 - Babinski
 - Plantar
 - Stepping
 - Grasp/Palmar
 - Rooting
- Assesses skin for color, lesions, birthmarks, lanugo, peeling, rash, milia, bruising
 - Assesses mouth for soft and hard palate, lip & mouth color

Examines head:

- Measures biparietal circumference
- Molding, caput, or hematoma
- Suture lines and fontanelles
- Palpates thyroid & lymph glands
- Eyes for jaundice or hemorrhage of sclera
- Eyes for pupil size & reactivity
- Eyes for tracking and gaze
- Eyes for spacing and shape
- Ears for position, patency, and response to sound

Examines arms and hands:

- Symmetry
- Fingers for nail length and finger length
- Number of digits and signs of webbing
- Palm creases

Examines chest:

- Symmetry during respirations
- Nipples and breast tissue for swelling or discharge

- Measures chest circumference at nipple line
- Auscultates breath sounds front and back
- Counts respirations
- Counts heart rate, notes irregularities

Examines abdomen, groin, and back:

- Listens with stethoscope for bowel sounds
- Palpates for enlarged organs or masses
- Palpates for hernias or swollen glands
- Palpates femoral pulses
- Examines back/spine for straightness, holes, or abnormalities

Examines legs, feet, hips:

- Symmetry of length and creases
- Hips for range of motion & clicks
- Toes for number of digits and webbing
- Feet for creases

Examines genitalia and rectum:

- General appearance, maturity
- Female: clitoris, labia, vaginal opening, discharge
- Male: descent of testicles, hernias, rugae, penile opening
- Rectum for patency

Measures temperature (axillary or rectally)

Measures weight (standard scale or hanging scale):

- Balance at "0"
- Determine correct weight

Measures baby's length

Appropriate documentation/charting of visit

Signature of NARM Registered Preceptor _____

Date _____

Second Verification of Skills Form 206, page 4 of 8

Name of Applicant: _____ Date: _____

4. Sterile technique

Proper handwashing:

- Soaps and scrubs hands and arms keeping hands down
- Cleans under nails
- Rinses hands, wrists, forearms keeping hands up
- Avoids touching sink
- Dries with clean towel
- Uses towel to turn off faucet

Sterile technique:

- Prepares sterile field
- Opens sterile package without touching instruments
- Puts on gloves

Gloving and ungloving:

- Peels back envelope
- Folds open inner package
- Picks up glove by cuff touching only inside portion
- Slides hands into glove
- Picks up second glove touching only inner cuff with gloved hand and puts on, does NOT touch anything that would contaminate gloves
- Does not speak or cough over sterile field
- Does not contaminate sterile field
- Removes gloves by reaching under cuff and inverting glove without touching the outside with ungloved hand, disposes of gloves

Signature of NARM Registered Preceptor _____

Date _____

Second Verification of Skills Form 206, page 5 of 8

Name of Applicant: _____ Date: _____

5. Administers Oxygen

- Gathers all necessary equipment
- Connects regulator to cylinder
- Opens tank valve
- Checks that pressure is adequate
- Connects oxygen tubing to regulator
- Attaches cannula or mask to tubing
- Places appropriately on model's face
- Regulates flow meter appropriately
- Keeps tank upright and makes sure cylinder top is not pointed at anyone

Signature of NARM Registered Preceptor _____

Date _____

Second Verification of Skills Form 206, page 6 of 8

Name of Applicant: _____ Date: _____

6. Drawing medication from a single dose ampule and multi dose vial

- Checks all medications for appearance, name, and expiration date (expired medications or sterile saline may be used for purposes of demonstration)
- Removes needle/syringe from wrapping, twists tip of syringe into hub of needle locking in place, leaves needle cover in place

Ampule:

- Wipes neck of ampule with alcohol prep and allows to dry
- Covers ampule with sterile gauze
- Breaks neck of ampule
- Removes needle cover and places needle into ampule
- Draws medication into syringe keeping needle up
- Taps sides of syringe to remove air bubbles
- Squirts out air bubbles

Multi-dose vial:

- Cleanses rubber stopper with alcohol prep pad and allows to dry
- Pulls plunger back to appropriate mark
- Holds bottle upside down
- Inserts needle through rubber stopper into medication
- Pushes plunger so air enters vial
- Keeps tip of needle beneath surface of medication
- Draws up slightly more medication than needed
- Withdraws needle from bottle
- Taps sides of syringe with needle up to get bubbles up
- Squirts out air bubbles
- Before injecting, asks about known allergies
- Uses aseptic technique
- Injects appropriately, changing needles if applicable, into person or into orange (if for demonstration purposes)
- Disposes of ampule, needle, and syringe into sharps container

Signature of NARM Registered Preceptor _____

Date _____

Second Verification of Skills Form 206, page 7 of 8

Name of Applicant: _____ Date: _____

7. Postpartum exam at 24-72 hours

Inquires or examines for:

- Nipple soreness, problems with nursing
- Lochia (color, amount, odor); blood clots
- Urination, bowel movements
- Nutrition and hydration
- Ability to rest, adequate household help
- Afterpains
- Calf pain
- Bonding

Checks maternal vital signs:

- Blood pressure
- Pulse
- Temperature

Assessment of uterus:

- Palpate for firmness and location
- Fundal height

Assesses perineum:

- Wash hands and dons gloves
- Examine perineum, vagina, and anus for edema, hematoma, healing of tears or sutures, foul odor or signs of infection, hemorrhoids
- Appropriate disposal of gloves
- Provides appropriate advice or plan for follow-up
- Documents findings in chart

Signature of NARM Registered Preceptor _____

Date _____

Second Verification of Skills Form 206, page 8 of 8

Name of Applicant: _____ Date: _____

Make a copy of this page of Form 206 for each NARM Registered Preceptor who has signed for skills on pages 1-7 of Form 206. They must fill out this page and have it notarized.

NARM Registered Preceptor's 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 marked and signed on the Second Verification of Skills Form 206.

By checking this box, I affirm that I am a current NARM Registered Preceptor.

I affirm that I have read and understand the instructions pertaining to filling out the Second Verification of Skills Form 206.

NARM Registered Preceptor's Signature: _____

NARM Registered Preceptor's Initials: _____ Date: _____

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

Notary Seal

(Notary Signature)

My Commission Expires: _____

Directory

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