

**NARM  
General  
Application  
Form 100**

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The application must be filled out completely in English in black ink or typed.  
Must be submitted with Phase 1 or Phase 2, whichever is submitted first.

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](mailto: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:

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Filipino
- Chinese
- Japanese
- Korean
- Vietnamese
- Asian Indian
- American Indian, Alaska Native, or Hawaiian,  
Name of enrolled or principle tribe: \_\_\_\_\_
- Other: \_\_\_\_\_

Religion:

- Christian
- Hindu
- Jewish
- Buddhist
- Muslim
- Atheist
- Other: \_\_\_\_\_

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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. Applicants must meet the minimum education level prior to counting clinical experience.

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 the clinical component of 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

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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/Student 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.

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Print Applicant's Name

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Applicant's Signature

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Date