
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.		