

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 Documentation."

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 Documentation, 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: _____