
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.

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 Documentation."

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 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 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:

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: _____