

Instructions for Entry-Level Midwife, Form 112 – Phase 3, Primary Under Supervision page 1 of 2

In order to ensure that all of your births are counted. NARM highly recommends that Phase 2 Forms 11a-d be submitted prior to beginning Phase 3 clinicals. If Phase 2 forms are sent back for corrections, any Phase 3 clinicals will not be guaranteed acceptance if additional Phase 2 clinicals are required.

Step 1: Instructions

- A. All applications must be submitted via Certemy. NARM discourages mailing of paper applications and is not responsible for any delay in processing or in receipt of applications mailed to NARM. If you must mail your application, please contact NARM to make sure you have all necessary forms for submission.
- B. Use only official NARM forms for all materials. **Do not make up forms.**
- C. **Keep a copy of your paper forms.**
- D. It is recommended that Phase 1 and 2 be submitted and approved prior to beginning Phase 3.
- E. Confirm that five home births were submitted in Phases 1,2 and/or 3.
- F. Assistant Under Supervision births must be completed before starting Primary Under Supervision births.
- G. Confirm that all preceptors are current NARM Registered Preceptors. Skills/clinicals signed off by a preceptor who is not registered with NARM will be invalid.
- H. ALL births and clinicals must be listed on the original form.
 - I. Provide two letters of reference
- J. 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.)
- K. Prior to completion of application and review, the Applicant and NARM Registered Preceptor must have access to the client records. For the purposes of audit, preceptors may be asked to verbally confirm all skills and clinicals verified by signature on an application and 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 NARM Registered Preceptor.
- L. Do NOT send client charts unless requested. The NARM Applications Department may request specific charts for audit purposes.
- M. 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. 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.

Definition—Primary Under Supervision: An apprentice midwife who provides all aspects of care as if they were in practice, although the supervising midwife has primary responsibility and is present in the room during all care provided. For Primary Under Supervision Births this includes labor management, the birth including the placenta, and immediate postpartum care. Documentation of attendance and performance at births, prenatal, postpartum, 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.

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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
 2. A minimum of 10 out-of-hospital births must have been within the last three years
 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
 4. A minimum of 10 births must include at least one prenatal visit in addition to the Continuity of Care births
 5. No more than two of the births attended may be transports as defined in the CIB glossary
 - 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.

Each NARM 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**.

Births as Primary Under Supervision Form 112a

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

Carefully read instructions for filling out this form. List births in chronological order. Only Phase 3 clinicals should be listed on this form. Assistant Under Supervision clinicals should be listed on Forms 111a-d.

Note to the preceptor: Every space for each clinical 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	Skills Performed as Primary ³
		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.)

²Include no more than two transports

³All skills need not be listed; use a few words to describe new or key skills performed at each birth.

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 #: _____

Email address: _____ Phone: _____

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

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 clinical 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	Skills Performed as Primary
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 #: _____

Carefully read instructions, and list these exams in chronological order. Only Phase 3 clinicals should be listed on this form. Do not include initial visits from Form 112b.

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 clinical 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.

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

"Client # or Code" must be the same for client *and* newborn.

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	Birth date and time	Exam Date	Exam Time	Preceptor Initials	Skills Performed as Primary
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.

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 clinical 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 #: _____

Email address: _____ Phone: _____

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: _____

List of Registered Preceptors for Birth Experience Form 112g

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

Email address: _____ Phone: _____

Please make certain all preceptors are NARM Registered Preceptors and meet the qualifications as described in the instructions section "NARM Policy Statement on Preceptor/Student 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 #: _____

Email address: _____ Phone: _____

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 a student midwife who provides all aspects of care as if they 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/Student 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 I was a NARM Registered Preceptor at the time of verifying the skill and/or clinical.

Preceptor's Signature: _____

Preceptor's Initials: _____ Date: _____