

Instructions for Entry-Level Midwife, form 113 - Phase 4, Additional Births as Primary Under Supervision

- ✓ 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 retain a copy of your application and contact NARM at support@narm.org to make sure your application has been received.
- ✓ Use only official NARM forms for all materials. **Do not make up forms.**
- ✓ **Keep a copy of your paper forms.**
- ✓ 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.
- ✓ Phase 4 may be submitted with Phase 3 or up to six months after you have passed the NARM Examination.
- ✓ Incomplete applications or applications that are not legible will not be reviewed.

Additional Births as Primary Under Supervision Form 113a - Phase 4

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 five additional births attended as Primary Under Supervision in chronological order. Only Phase 4 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.

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										

¹Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.)

²Include no more than one transport

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

I, _____, affirm that I have attended and documented these five births as Primary Under Supervision listed above and this information is true and correct to the best of my ability and that I can provide written documentation that I attended each of the births I have described herein in the capacity of "Primary Midwife Under Supervision."

Applicant's Signature: _____

Date: _____

List of Registered Preceptors for Birth Experience Form 113b

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 listed on Additional Births as Primary Under Supervision Form 113a.

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 113c - Phase 4

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 Births as Primary Under Supervision Form 113a 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 number of births in Phase 4 that I have signed off on in which the applicant acted as primary under supervision:

Number of births: _____

By checking this box, I affirm I was a NARM Registered Preceptor at the time of verifying the skill and/or clinical.

Preceptors for International Births (for births 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: _____