

NARM Inactive Status Form 620

This form must be filled out completely in English in black ink or typed.

First Name: _____ Last Name: _____ Middle Initial: _____

Last 4 digits of Social Security #: _____ Date of Birth: _____

Residence Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Mailing Address*: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

*The address where you can most easily be reached.

Primary phone #: _____ Secondary phone #: _____

Fax #: _____ Email address: _____

CPM #: _____ CPM Expiration Date: _____

The Inactive Status fees are payable by money order, certified check, or credit card; personal/business checks are not accepted. All fees must be made payable to NARM in U.S. funds. A handling fee of approximately 8% will be added to all credit card transactions. **All credit card payment must now be made using the website www.narm.org/billing.** All fees are non-refundable.

- Inactive Status form postmarked before the end of the month current certification period ends:
 - \$35 cashier's check or money order or \$38 credit card payment
- Inactive Status form postmarked within 90 days after your expiration date:
 - \$50 cashier's check or money order or \$54 credit card payment

Note: CPMs with Active or Inactive Status expired more than 90 days must re-apply under Recertification After Expiration Form 610.

Brief statement of reasons for Inactive Status (i.e., not currently practicing, taking care of family, etc.):

I affirm that I am electing Inactive Status of my CPM credential and may not use the title of Certified Professional Midwife (CPM) until recertified by the North American Registry of Midwives (NARM).

Signature: _____ Date: _____

This form must be submitted each year to retain Inactive Status. There is a six-year maximum limit for claiming Inactive Status (two recertification cycles).

Submit completed form and payment to:

NARM Applications
P.O. Box 420
Summertown, TN 38483

Requests mailed to other NARM offices will be returned.

Please keep a copy of everything you send to NARM for your records.