The North American Registry of Midwives

Certified Professional Midwife (CPM)

Midwifery Bridge Certificate Application

Requirements for the Midwifery Bridge Certificate

- Must be a current CPM with Active Status
- Obtain and document a total of 50 CEUs/CMEs/CNEs within the five-year period prior to application, including:
  - a minimum of 15 contact hours in Category 1 - Maternal
  - a minimum of 15 contact hours in Category 2 - Neonate
  - a maximum of 20 contact hours in Category 3 - Other
- Completion of the Midwifery Bridge Certificate Application
- Payment of the $200 fee

Instructions for the Midwifery Bridge Certificate Application

1. **All courses listed must meet the criteria identified on the Midwifery Bridge Certificate webpage at narm.org/bridge-certificate.**
2. All CEUs/CMEs/CNEs must have been completed in the past five years and must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
3. At least one course in both Categories 1 and Category 2 must include a hands on component.
4. Submit copies of all CEU certificates. These CEUs may also be used for your CPM recertification if completed within three years of submission. You will need to resend the CEU documentation with your recertification application.
5. Keep a copy of all application documentation for your records.
6. All fees are to be paid with certified check or money order in US funds made out to NARM. Credit cards are also accepted (a 7% handling fee will apply). ***Personal checks are not accepted***.

Send all documentation and fees to:

North American Registry of Midwives
Midwifery Bridge Certificate
P.O. Box 420
Summertown, TN 38483

Keep a copy of this Midwifery Bridge Certificate Application and all CEU documentation for your records.

For purposes of the Midwifery Bridge Certificate, NARM uses the term "CEU" to refer to required continuing education, which may be documented in hours or in units. 1 contact hour is equal to 0.1 units.

Some continuing education workshops verify attendance based on hours while some verify based on units. In most circumstances 55 minutes in a workshop equals one contact hour or 0.1 unit. For example, a continuing education certificate might grant 8 contact hours or .8 units for the same time frame. These requirements of continuing education may be documented in a combination of formats (contact hours or units).

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Midwifery Bridge Certificate Application page 1 of 5

All forms must be filled out completely in English in black ink or typed.

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

Date Application Submitted: _____

Please list any other names on supporting documents: _____

Have you registered with NARM under any other name(s)?_____

For a name change with NARM, you must send two copies of official documentation of name change (i.e. driver's license, passport, marriage certificate) or one notarized copy of documentation.

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: _____

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

Submit the following:

Midwifery Bridge Certificate Application fees are payable by cashier's check, money order or credit card in U.S. funds (***no personal checks will be accepted***). Please be advised that there is a handling fee (approximately 7%) for all credit card transactions (included in price listed below).

❑ Please indicate which fee submitted:

❍ $200 cashier's check or money order or ❍ $214 credit card payment

If paying by credit card, please indicate card type*: ❍ Visa ❍ Mastercard

Credit card #: _____ Exp date: _____

Name on card: _____

*By providing your credit card details, you are authorizing NARM to process your payment including the handling fee.

❑ A copy of all CEU/CME/CNE certificates described in this form.

❑ Midwifery Bridge Certificate Application completed.

Affirmation of Honest Intent of Representation:

I, _____, in applying for the Midwifery Bridge Certificate, do declare and affirm that the statements made in this application, including accompanying statements and documents, are true, complete, and correct. I understand my application may be denied if it contains any false or misleading information.

Signature of Applicant: _____ Date: _____

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All forms must be filled out completely in English in black ink or typed.

Applicant's Name: _____

Use this form below to summarize your CEU/CME/CNE hours.

Also complete and submit the additional pages which itemize all CEUs received.

Description of CEUs	Minimum CEUs necessary	Maximum CEUs allowed	Your Number of CEUs
Category 1: Emergency Skills in Pregnancy, Birth, and the Immediate Postpartum.	15		
Category 2: Emergency Skills for Newborn Care.	15		
Category 3: Specific Topics Relevant to Midwifery Care.		20	
Total number of CEUs submitted (must be at least 50)			

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All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

CEU Worksheet for Category 1 - Maternal

Applicant's Name: _____

CEU Category 1; minimum 15 CEUs (1.5 units)

Any class or course work that is granted accredited CEUs/CMEs/CNEs in Emergency Skills in Pregnancy, Birth, and the Immediate Postpartum. At least one course must contain a hands on component.

- CEUs must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
- Fill out the required information below.
- Attach copies of CEU certificates.

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Total CEUs for Category 1: _____

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All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

CEU Worksheet for Category 2 - Neonate

Applicant's Name: _____

CEU Category 2; minimum 15 CEUs (1.5 units)

Any class or course work that is granted accredited CEUs/CMEs/CNEs in Emergency Skills for Newborn Care. At least one course must contain a hands on component.

- CEUs must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
- Fill out the required information below.
- Attach copies of CEU certificates.

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted:

Total CEUs for Category 2: _____

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All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

CEU Worksheet for Category 3 - Other

Applicant's Name: _____

CEU Category 3; maximum 20 CEUs (2 units)

Any class or course work that is granted accredited CEUs/CMEs/CNEs in Specific Topics Relevant to Midwifery Care.

- CEUs must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
- Fill out the required information below.
- Attach copies of CEU certificates.

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Course Title:_____

What organization approved credit for this course?_____

What organization or group sponsored this course? _____

Where attended (location of conference, program, etc.)? _____

Date attended: _____ Instructor/sponsor: _____

Number of CEUs granted: _____

Total CEUs for Category 3: _____

Directory

NARM General Information
5257 Rosestone Dr.
Lilburn, GA 30047
770-381-9051
888-842-4784 (E)
info@narm.org

NARM Applications Department
P.O. Box 420
Summertown, TN 38483
931-964-4234
888-426-1280 (C)
applications@narm.org

Midwives Alliance of North America (MANA)
P.O. Box 373
Montvale, NJ 07645
844-626-2674 (E)
info@mana.org
www.mana.org

Midwifery Education Accreditation Council (MEAC)
info@meacschools.org
www.meacschools.org

Time Zones

AK P M C E