
NARM Complaint Review Process

NARM utilizes three types of peer review:

- Community Peer Review is routine, confidential, professional, non-punitive, and educational.
- Complaint Review addresses a complaint against a Certified Professional Midwife (CPM) and may result in non-binding educational recommendations. In extreme circumstances, the NARM Accountability Committee may make additional recommendations or requirements to the midwife. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism. A complaint to NARM about a CPM applicant may result in additional education/experience requirements or suspension or denial of a NARM application.
- Grievance Mechanism addresses the second and subsequent complaints against a CPM (or CPM applicant) and may result in binding recommendations and/or probation, suspension, or revocation of a CPM credential, or suspension or denial of a NARM application.

A CPM or CPM applicant who has been named in a written complaint to NARM is required to participate in NARM Complaint Review and/or Grievance Mechanism. Failure or refusal to participate in the accountability processes will result in revocation of the credential or denial of the CPM application.

Community Peer Review

All NARM Certified Professional Midwives (CPMs) and CPM applicants are encouraged to attend local, routine Community Peer Review.

Community Peer Review brings midwives in an area together on a regular basis to discuss their cases and learn from each other. It is an opportunity for cohesiveness within a community and can serve as a foundation when difficult situations arise. Sooner or later in every community there will be an issue that must be faced. Establishing Community Peer Review is worthwhile preparation for future problem solving. Having an established Community Peer Review provides a stable environment for professional resources and support.

Beyond community support lie the professional ethical concerns. Confidential peer review adds validity to the certification process and is required in many medical settings.

Consumers can know that their practitioner participates in peer review, and that, if a concern is raised, there is a platform for discussion and follow-up. Other health care practitioners can also know and recognize the professionalism involved in maintaining Community Peer Review.

If a formal complaint is filed against a CPM, the first place the complaint will be addressed officially will be in local Peer Review, utilizing the NARM Complaint Review process or similar format that must include participation of the client. A formal complaint against an apprentice/CPM applicant may be addressed by a review committee of current and previous NARM Board members using NARM Complaint Review. See the following section, Complaint Review, for details of the Complaint Review process.

The suggested format for Community Peer Review is as follows. Decision-making by consensus is strongly encouraged and supported by NARM.

- I. Community Peer Review is to be held quarterly. In cases of unusual hardship in meeting, it is suggested that meetings happen at least every six months, and that, in between meetings, the midwives involved make phone contact to discuss any difficult cases.
- II. Students and assistants are included in Community Peer Review.
- III. A midwife who also facilitates the meeting hosts Community Peer Review. This job rotates among those participating.

- IV. Upon arrival, each midwife writes down for the facilitator the number of cases they have to bring to review and how much time they estimate they will need to present them.
- V. At the opening of the meeting, the midwife facilitating is to review the basic guidelines for Community Peer Review as listed below.
 - A. The information presented at Community Peer Review is confidential.
 - B. The intention of peer review is not punitive or critical but supportive, educational, and community based. Positive feedback is encouraged, concerns should be raised respectfully and with the assumption that feedback is welcome.
 - C. While a midwife presents a case, everyone remains quiet. Questions are asked after the midwife has finished.
 - D. Recommendations for follow-up are made individually and/or by consensus, and the group offers support.
- VI. Each midwife states the following to the best of her ability:
 - A. Total number of clients currently in the midwife's care;
 - B. The number of upcoming due dates;
 - C. How many women in the practice are postpartum;
 - D. The number of births done since the last Community Peer Review;
 - E. The number of cases the midwife has to present. The midwife must present all cases involving consultation, transfer of care, transport to the hospital, instances where the midwife is outside of practice guidelines (including in these the process of Informed Choice that was used), and cases where the midwife requests more input from the community of midwives. It is helpful to the community if the midwife also discusses interesting cases or situations.
 - F. The midwife then presents each case. After each case, questions may be asked and suggestions given.
- VII. When presenting a case, the following information should be available:
 - A. Gravity and parity of client along with any significant medical or OB history or psychosocial concerns;
 - B. Relevant lab work and test results;
 - C. Significant information regarding pregnancy, birth and postpartum;
 - D. Consultations with other providers (midwives, MDs, DCs, NDs, DOs, etc.); and include the present care plan and how that may change with the ongoing situation.
- VIII. After everyone has presented their cases and discussion has ended, the Community Peer Review group is encouraged to discuss professional educational objectives for the current recertification period.
- IX. If a conflict arises between a client and a midwife, a local Community Peer Review may discuss the details with the midwife. NARM urges the use of NARM Complaint Review process, which includes participation of the client whose course of care initiated the complaint. This is to be done on the most local level possible. If this cannot be achieved to the client's satisfaction and the client wishes to take action against the CPM's credential, a written complaint may be filed with the NARM Board. Independent of NARM, mediation may be utilized to reach an acceptable outcome. If a complaint has already been addressed in a peer review using the NARM Complaint Review process, or similar format, and resolution was not achieved, a written complaint to the NARM Board initiates the Grievance Mechanism. If NARM receives a complaint against a CPM or CPM applicant that has not yet been addressed in the Complaint Review format, NARM will initiate a Complaint Review at the most local level possible. See the following sections, Complaint Review, and Grievance Mechanism, for details of those NARM Accountability procedures.

- X. Some Community Peer Review groups have decided to include an agreement regarding consensus and binding recommendations. The Community Peer Review group may decide that the recommendation made for follow-up in instances of extreme concern need to be binding. If so, the recommendations must be reached by consensus and each participating midwife must agree to such binding decisions in the future. No recommendations are made that the other midwives would not themselves carry out.

NARM Disciplinary Process

NARM will address complaints regarding the behavior of a certificant or applicant in which the professional behavior indicates dishonesty, inadequate informed consent, or negligent or fraudulent action of self-interest in which the midwife compromised the well-being of a client or a client's baby. Complaints must be made by someone with direct evidence of the behavior in question. This type of complaint is an "External" complaint and will follow the NARM Complaint Review process.

NARM will also address complaints regarding violation of confidentiality, falsification of information on the NARM certification or recertification applications, or the misrepresentation of certification status (advertising as a CPM when the certification is Inactive, has not been issued, or has been revoked). This complaint is an "Internal" complaint and will be heard through Board Review, which may include participation by the NARM Board, the Accountability Committee, and the NARM Applications Department.

The information below details the Complaint Review Process, Grievance Review Process, and the Appeals policies.

Complaint Review and Grievance Mechanism Policy

The North American Registry of Midwives (NARM) recognizes that each Certified Professional Midwife will practice according to her/his own conscience, practice guidelines and skills levels. Certified Professional Midwives shall not be prevented from providing individualized care.

When a midwife acts beyond her guidelines for practice, the midwife must be prepared to give evidence of informed choice. The midwife must also be able to document the process that led the midwife to be able to show that the client was fully informed of the potential negative consequences, as well as the benefits of proceeding outside of practice guidelines.

NARM recognizes its responsibility to protect the integrity and the value of the certification process. This is accomplished through the availability of the Complaint Review, and Grievance Mechanism, processes.

Each Certified Professional Midwife or CPM applicant will have the opportunity to speak to any written complaints against them before any action is taken against their certificate (or application).

All NARM Certified Professional Midwives and CPM applicants are encouraged to attend local, routine Community Peer Review. If a conflict arises between a client and a midwife, a local Community Peer Review may discuss the details with the midwife. NARM urges the use of NARM Complaint Review process, which includes participation of the client whose course of care initiated the complaint. This is to be done on the most local level possible. If this cannot be achieved to the client's satisfaction and the client wishes to take action against the CPM's credential, a written complaint may be filed with the NARM Board. Independent of NARM, mediation may be utilized to reach an acceptable outcome. If a complaint has already been addressed in a peer review using the NARM Complaint Review process, or similar format, and resolution was not achieved, a written complaint to the NARM Board initiates the Grievance Mechanism. If NARM receives a complaint against a CPM that has not yet been addressed in the Complaint Review format, NARM will initiate a Complaint Review at the most local level possible.

When NARM receives a written complaint about a CPM applicant, the Complaint Review or Grievance Mechanism is heard by a review committee of current and previous NARM Board members.

Peer review groups are as local as possible. If an issue becomes contentious within a local group, the peer review group may consist of midwives from a larger vicinity.

Recommendations resulting from NARM Complaint Review are not binding. However, the midwife named in the complaint may reach resolution with the complainant by addressing the concerns expressed in Complaint Review. In extreme circumstances, the NARM Accountability Committee may make additional recommendations or requirements to the midwife. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism.

A second complaint against a CPM or applicant initiates the NARM Grievance Mechanism. A complainant who does not agree that resolution was reached with the outcome of Complaint Review and wishes to and initiate the Grievance Mechanism must file a second complaint within three months. A second complaint may result from another complainant regarding a different course of care. The outcome of the NARM Grievance Mechanism is binding and failing to meet the stated requirements results in the revocation of a CPM's credential, conditional suspension or denial of an application.

Forms for use in the NARM Complaint Review and Grievance Mechanism sessions are posted online at www.narm.org under the "Accountability" tab.

Limitations of Complaints for NARM Complaint Review and Grievance Mechanism

Complaints must be received within two years of the conclusion of care.

The certification status of the CPM or CPM applicant at the time of occurrence is irrelevant. A CPM with inactive or expired status is bound by all policies regarding NARM Community Peer Review, Complaint Review, and Grievance Mechanism. Failure to respond to a complaint will result in revocation of the credential.

A complaint against a CPM or CPM applicant may only be made by a client, or a party with direct knowledge of the cause for concern.

A complaint will be addressed in Complaint Review or Grievance Mechanism only if the client whose course of care has prompted the complaint is willing to sign a records release. With a records release, her chart will be confidentially reviewed and discussed by the midwives participating in Complaint Review or Grievance Mechanism. Without permission to review a client's chart the complaint is closed.

NARM accountability processes work to address concerns regarding competent midwifery practice. The NARM Board reserves the right to evaluate, in its sole discretion, the appropriate application of NARM's Complaint Review and Grievance Mechanism. Complaints received by the NARM Board that do not involve issues relating to competent midwifery practice will not be addressed through the Complaint Review or Grievance Mechanism that NARM has established.

A complaint to NARM against a CPM must be specific to concerns regarding competent care. NARM will not begin the processes of Complaint Review or Grievance Mechanism with a CPM or applicant who is also facing regulatory investigation or civil or criminal litigation. If a CPM faces regulatory investigation or civil or criminal litigation, the timeline for receiving complaints is extended. NARM must receive a formal complaint against a CPM within one year of the conclusion of regulatory or court process. If a complaint has been addressed through a mechanism provided by a local midwifery organization or local peer review, the timeline for receiving complaints is extended by one year from the conclusion of that process.

If a state regulatory process addresses a complaint against a CPM and the consumer brings the complaint to NARM, the appropriate NARM Accountability process may be Complaint Review or Grievance Mechanism. NARM's decision regarding which process to implement depends on the consumer's previous access to participation in the complaint process. If the consumer feels she had adequate opportunity to express her concerns during the regulatory process, she may agree to proceed to the Grievance Mechanism rather than address her complaint through NARM Complaint Review. The intention of this policy is to avoid redundant peer review forums in order to access the NARM Grievance Mechanism.

A complaint against a CPM applicant will usually include her preceptor.

A complaint may be made against a midwife whose CPM certification has been revoked. NARM cannot require a midwife who is not a CPM to participate in Complaint Review or Grievance Mechanism, but participation would be a requirement of re-application should the midwife attempt to re-activate her certification. Notice of complaints received regarding a midwife whose CPM credential has been revoked will be placed in this person's file in the Applications Department; the original complaint will be kept in the Accountability office. Should this person reapply for a CPM credential in the future, all fees must be paid prior to NARM continuing the process appropriate to the complaint. NARM Applications Dept. will notify NARM Director of Accountability. The complainant will be notified and given the opportunity to pursue the original complaint. If the complainant cannot be located at that time with the information on file, the applicant may proceed with the application. The complaint may be reactivated by the complainant within one year of the CPM's new certification period.

When NARM receives a second complaint against a CPM or applicant, the NARM Grievance Mechanism is initiated. A complainant who does not agree that resolution was reached with the outcome of Complaint Review and wishes to and initiate the Grievance Mechanism must file a second complaint within three months. A second complaint may result from another complainant regarding a different course of care. The outcome of the NARM Grievance Mechanism is binding and failing to meet the stated requirements results in the revocation of a CPM's credential; for a CPM applicant, failure to meet the stated requirements results in conditional suspension or denial of her/his application.

The Complaint Review Session

When a written complaint against a CPM (or CPM applicant) is received by NARM, it is referred to NARM Director of Accountability and Accountability Committee. The first step in reviewing the complaint is Complaint Review.

In preparation for Complaint Review, NARM Director of Accountability provides complainant with Records Release to sign and return within two weeks. If the complainant does not return the Records Release within two weeks or does not maintain contact with NARM, the complaint is closed. Upon receipt of the signed Records Release, Director of Accountability contacts the CPM facing the complaint, to request the CPM's Practice Guidelines document and a complete copy of the complainant's chart. The CPM has one week to provide these documents to NARM.

For a complaint against a CPM, NARM Director of Accountability contacts CPMs in the area local to the complainant for two reasons: First, to find out if, independent of NARM, this complaint has already been addressed by Complaint Review (or a similar process which must have included participation of the complainant) among local midwives, but was unable to satisfy the complainant. If so, the complaint is counted as the second complaint against the CPM and is moved to the NARM Grievance Mechanism. The second reason for NARM Director of Accountability to contact CPMs is to make arrangements with a CPM to chair the Complaint Review. The CPM who agrees to chair the Complaint Review must not have any conflict of interest with the CPM named in the complaint. Necessary documents are provided

by NARM Director of Accountability to the Complaint Review Chairperson. The Complaint Review Chairperson organizes local CPMs (and possibly other midwives) for a NARM Complaint Review. The Complaint Review Chairperson contacts the complainant and the CPM named in the complaint. A date for the Complaint Review is set, participants agree to confidentiality, and copies of the necessary documents are distributed.

When the local midwifery community is divided and contentious, or when a complaint is very controversial, NARM Director of Accountability may contact CPMs from a wider geographical area to identify a CPM willing to serve as Complaint Review Chairperson. The Complaint Review Committee may also draw participating members from a larger geographical area. In some instances, the committee may be chaired by NARM Accountability Director and consist of current and previous NARM Board members and local CPMs (and possibly other non-CPM midwives).

For a complaint against a CPM applicant, NARM Director of Accountability organizes a Complaint Review with a committee of current and previous NARM Board members. Because the NARM application process is confidential, participation in the Complaint Review Committee is limited to current and previous NARM Board members.

When a Complaint Review is organized over a large geographic area, the session may occur by teleconference.

If the Complaint Review is completed, but resolution is not reached through outcome recommendations, and the complainant wishes to take action against the CPM's credential, a second letter of complaint must be submitted to NARM within three months. Should NARM receive that second complaint against a CPM, the Grievance Mechanism is initiated.

If another complaint on a separate incident for the same midwife is received within ten years, the complaint goes to Grievance Mechanism. See the following section, Grievance Mechanism, for details of the Grievance Mechanism process.

Complaints against a CPM applicant which are reviewed by a committee of current and previous NARM Board members may result in binding recommendations or additional application requirements. A complaint resulting in binding recommendations or additional application requirements may be appealed by the applicant but will not continue to the Grievance Mechanism, as there has already been an opportunity for binding recommendations to be issued. A second complaint against an applicant may not involve the same incident. However, a second complaint (resulting from a different incident) against an applicant is addressed by a committee of current and previous NARM Board members through NARM's Grievance Mechanism.

The format for NARM Complaint Review is as follows:

- NARM Director of Accountability provides the Complaint Review Chairperson with copies of this document, the NARM Complaint Review Conclusion and Summary forms, the written complaint letter, and the midwife's chart and practice guidelines (which were supplied upon request by the midwife named in the complaint).
- The members of the Complaint Review Committee read these documents, contacting NARM Director of Accountability with questions. Each member makes a list of questions and points of concern that they intend to address to the midwife during the Complaint Review session. A group discussion of these questions and areas of concern is held prior to the opening of the Complaint Review session. (During the Complaint Review session, the testimony and presentation of events may answer these questions and concerns, or they may be asked directly.)
- The midwife and complainant are notified to schedule the Complaint Review session. If necessary, additional written or oral testimony is arranged for the scheduled session by the midwife and complainant.

- The Complaint Review session is begun with the midwife, complainant and review members present. During the Complaint Review session, the complainant and the CPM may each include first-hand accounts of supporting testifiers, either in person or by written testimony. In addition, for the purpose of emotional support during the complaint or grievance review session, the complainant and the CPM may each include the company of a spouse, significant other, parent, close family member, close friend or clergy.
- All parties agree to uphold confidentiality.
- The agenda for the session is read.
- The complaint is read aloud, or the complainant may tell her story.
- The complainant gives testimony, and any additional testimony on the complainant's behalf is given or read.
- Reviewers may ask questions of the complainant and supporting testifiers.
- The complainant and supporting testifiers are excused.
- The midwife presents the case. Supporting testimony is given or read.
- Reviewers may ask questions of the midwife and supporting testifiers.
- The midwife is excused from proceedings.
- Reviewers discuss the case. Recommendations and findings are written and sent to NARM Director of Accountability. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism.
- NARM Director of Accountability presents the outcome of the Complaint Review to the NARM Board.
- In extreme circumstances, the NARM Board may make additional recommendations or requirements to the midwife. NARM Director of Accountability issues a formal outcome letter from NARM to the CPM facing the complaint, and the complainant. A copy is sent to the Complaint Review Chairperson. NARM Continuing Education certificates are issued to the members of the Complaint Review Committee.

The Grievance Mechanism Session

A second complaint may result from another complainant regarding a different course of care, as part of an outcome from Complaint Review, or from a complainant who does not agree that resolution was reached with the outcome of Complaint Review.

A complainant who is unsatisfied with the outcome of the Complaint Review and wishes to take action against a CPM's credential may initiate the Grievance Mechanism by submitting a second letter of complaint to NARM. The second letter of complaint must be filed within three months of the date on the Complaint Review outcome notification letter.

The outcome of the NARM Grievance Mechanism is binding and failing to meet the stated requirements results in the revocation of a CPM's credential; an applicant may receive conditional suspension or denial of an application. The Grievance Mechanism may result in probation, suspension, or revocation of the CPM credential.

The NARM Grievance Mechanism is heard by a committee of current and previous NARM Board members (Grievance Committee), via teleconference.

In preparation for Grievance Mechanism session, NARM Director of Accountability provides complainant with Records Release to sign and return within two weeks (unless NARM has already secured the required documents during the Complaint Review process). If the complainant does not return the Records Release or does not maintain contact with NARM, the complaint is closed. Upon receipt of the signed Records Release, Director of Accountability contacts the CPM facing the complaint to request the CPM's Practice Guidelines document and a complete copy of the complainant's chart. The CPM has one week to provide these documents to NARM.

The opposing sides are each invited to supply written or verbal testimony for consideration during the Grievance Mechanism.

NARM Director of Accountability provides copies of necessary documents to the Grievance Committee members.

Complainant must respond within two weeks of being notified by NARM Director of Accountability with attempts to establish a date for the Grievance Mechanism session. If the complainant does not continue participation in the process, the complaint is dropped and will not reflect on the CPM or CPM applicant in question.

NARM Director of Accountability serves as chairperson of the session.

The format for NARM Grievance Mechanism session is as follows:

- I. All participants are required to sign Confidentiality and No Conflict of Interest statements. At the opening of the teleconference, these statements are verbally reaffirmed.
- II. The agenda is drawn from this session format and the material to be presented. Chairperson reads agenda and asks for questions regarding the process of the session.
- III. Written testimony will be read and verbal testimony given by the complainant. The midwife is urged to be present during this time, but may not address the complainant during the session, or comment during the complainant's presentation. During the Grievance Mechanism session the complainant and the CPM may each include first-hand accounts of supporting testifiers, either in person or by written testimony. In addition, for the purpose of emotional support during the complaint or grievance review session, the complainant and the CPM may each include the company of a spouse, significant other, parent, close family member, close friend, or clergy. Grievance Committee asks questions of complainant for clarification.
- IV. Complainant is excused from the proceedings.
- V. The midwife in question will present her/his chart and respond to the testimony provided by the complainant. Then the CPM (or applicant) is excused.
- VI. The Grievance Committee discusses the testimonies heard and continues to review the documentation. Suggestions are made for formal recommendations, requirements, and/or actions against the CPM's credential.
- VII. The Grievance Committee derives appropriate action after the discussion and recommendations are considered. NARM's intention in the Grievance Mechanism is to provide educational guidelines and support where appropriate. Punitive action is only taken when further action is deemed necessary. Actions are decided by consensus. Actions are limited to the following possibilities:
 - A. Midwife is found to have acted appropriately and no action is taken against the CPM. If the review process has not resolved the dispute, concerned parties are urged to seek professional mediation.
 - B. Midwife is required to study areas outlined by the Grievance Committee. Upon completion of the assigned study, the midwife will submit a statement of completion to the Director of Accountability.
 - C. Midwife is placed on probation and given didactic and/or skills development work to address the areas of concern. The midwife must find a mentor, approved by the Grievance Committee, to follow the assigned studies and lend support in improving the areas of weakness. The mentor will report to the Director of Accountability regarding the progress and fulfillment of the probation requirements. While on probation, the midwife may be required to attend births with a more experienced midwife assisting.
 - D. Midwife's certification is suspended, and the CPM is prohibited from practicing as a primary midwife for a period of time during which the CPM is mentored by another midwife and focuses on specified areas of study. The mentor midwife will report progress to the Director of Accountability. Upon completion of required study and/or experience, the CPM is free to practice independently as primary

midwife. If a midwife on suspension is found to be in deliberate violation of suspension guidelines, this CPM risks certificate revocation.

E. In the case of dishonesty, refusal to inform, negligent or fraudulent action of self-interest in which the CPM or applicant compromised the well being of a client or client's baby, or non-compliance with the Grievance Mechanism, this CPM's certificate must be revoked, or the CPM application must be denied. Midwives with revoked certificates may reapply for certification after two years. This application must include the full fee. Prior to recertification all outstanding complaints must be resolved, including the completion of previous Grievance Mechanism requirements. A midwife with a denied application may reapply after meeting all requirements resulting from the review process.

F. If the case involves the abuse of a controlled substance, the certified midwife (or applicant) in question will be required to participate in a rehabilitation program in addition to the above possible outcomes. Proof of participation and release will be necessary for full certification reinstatement, or for an applicant to continue in the CPM application process.

VIII. The midwife in question is notified of findings and appropriate action taken. Public notice of revocation is made, and remains posted online at www.narm.org unless recertification is completed.

IX. The complainant is notified of action taken regarding the midwife. If no action is taken, a compassionate approach is taken to honor the complainant's perspective.

Accountability Appeals Process

An appeal of the Complaint Review will be for the complaint to move to the Grievance Mechanism for resolution by the NARM Accountability Committee. An appeal of a decision of the Grievance Mechanism may be made by either the complainant or the midwife. An appeal will only be considered if either party has significant new information that was not available during the Grievance review or has substantial allegations of a conflict of interest by a person who participated in the Grievance review that adversely affected the decision. The appeal, with documentation, should be submitted in writing within 30 days of notification of the decision. If the Accountability committee determines that the appeal is warranted, the Grievance will be heard again by members of the Accountability committee which will include at least two members who did not participate in the first hearing.

NARM Policy for Printing Notice of CPM Revocation

NARM will print public notification of a midwife's CPM revocation on the NARM website.

The notification will be printed as follows:

The North American Registry of Midwives Board has revoked the CPM credential from (midwife's name). (midwife's name) may no longer refer to herself as a NARM CPM, Certified Professional Midwife, or CPM, and is advised to honestly and responsibly inform current and prospective clients that her CPM credential has been revoked.

According to the Candidate Information Booklet, "In the case of dishonesty, refusal to inform, negligent or fraudulent action of self-interest in which the certified midwife compromised the well-being of a client or client's baby, or with noncompliance to the NARM Grievance Mechanism, this CPM's certificate must be revoked."

After two years, the midwife may re-apply for NARM certification by sending a letter of intent to the NARM Accountability Committee. Once approved, the applicant will be required to:

1. Satisfy all previous requirements originating from Peer Review findings prior to reinstatement.
2. Satisfy any complaints that may have been received during the period of revocation. New complaints must be heard by Peer Review and documented to the NARM Accountability Committee before a new application can be submitted.
3. Submit a new NARM Certified Professional Midwife (CPM) application including all fees. Clinicals submitted on the new application must have occurred after the date of revocation.
4. Pass the NARM Written Examination.

The board may decide to implement an initial period of probation during which additional education or documentation requirements must be met. Failure to meet these requirements could result in suspension or revocation.

NARM may suspend or revoke the reinstated CPM credential through the NARM Grievance Mechanism.

A second revocation is permanent.

Grievance Mechanism Flow of Activity

