

# NARM Preceptor Registration Supplemental Form 705, Page 1 of 2 for preceptors with less than 3 years primary experience

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

**Read the NARM Registered Preceptor Handbook.** This Supplemental Form 705 must be submitted with NARM Preceptor Registration Form 700 for preceptors with less than 3 years experience.

Births must be listed in chronological order. Only one midwife may count a primary birth for the purpose of preceptor registration. Maximum of 5 transports; midwife must remain with client through the birth and immediate postpartum period. At least 10 Continuity of Care births must be included and circled on this list.

Dates should be **after** the last primary birth listed on Form 112/113 submitted for CPM Certification.

	Midwife's Code # for primary birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup> *	Were you present at delivery y/n?	# prenatal exams	newborn exam y/n	# post-partum exams	Complication or challenging situation involved y/n?
ex	WSR 030616	3-6-16	HM	HM	y	8	y	2	y
1									
2									
3									
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21									
22									
23									
Subtotal here—									

<sup>1</sup>HM = Home; FBC = Freestanding Birth Center; HL = Hospital Birth Center/Hospital; O = Other (car, outside, etc.)

\*Add OOC in addition to the location code if the birth was outside the U.S. or Canada.

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	Midwife's Code # for primary birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup> *	Were you present at delivery y/n?	# prenatal exams	newborn exam y/n	# post-partum exams	Complication or challenging situation involved y/n?
24									
25									
26									
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47									
48									
49									
50									
Subtotals from this page —									
Subtotals from page 1 —									
Total numbers from all 50 births —									