

*The North American Registry of Midwives
Certified
Professional
Midwife
(CPM)*

*NARM Registered Preceptor
Handbook*

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NARM Registered Preceptor Overview

What is a NARM Registered Preceptor?

A NARM Registered Preceptor is a credentialed, experienced midwife who agrees to train apprentice midwives intending to apply for the Certified Professional Midwife (CPM) credential and has current, approved registration through NARM.

To serve as a preceptor for a CPM applicant, one must:

- Hold a current North American midwifery credential:
 - Certified Professional Midwife (CPM)
 - Certified Nurse Midwife (CNM)/Certified Midwife (CM)
 - Licensed practitioner legally recognized by the state to provide maternity care
- Meet at least one of the following criteria:
 - Have at least 3 years of experience beyond entry-level CPM requirements, or
 - Have served as a primary/co-primary midwife for at least 50 births, including 10 continuity of care births, beyond the entry-level CPM* requirements
- Have provided continuity of care for at least 10 clients beyond entry-level CPM requirements
- Have attended a minimum of 10 out-of-hospital births in the last three years

*Entry-level CPM requirements include completion of 25 births as a primary midwife under supervision. (For example, if calculating birth numbers including midwifery training, the total number should be at least 75 births as a primary/co-primary or primary under supervision.)

What are the requirements of a NARM Registered Preceptor?

- Registered Preceptors practice the Midwives Model of Care.
- Registered Preceptors must register with NARM. The registration form is in this handbook and on our website at narm.org/preceptors.
- A Registered Preceptor may only sign for those experiences for which s/he was present and in the room in a supervisory role. Any Registered Preceptor who signs off on experiences s/he did not witness risks losing all Registered Preceptor privileges.
- A Registered Preceptor must only sign for those experiences for which s/he believes the apprentice has performed competently.
- Registered Preceptors must assign a unique code to each client who may be documented on an apprentice's application. All apprentices must use the same codes when documenting care. Students should not develop different codes for the same client. Client codes must meet HIPAA requirements.

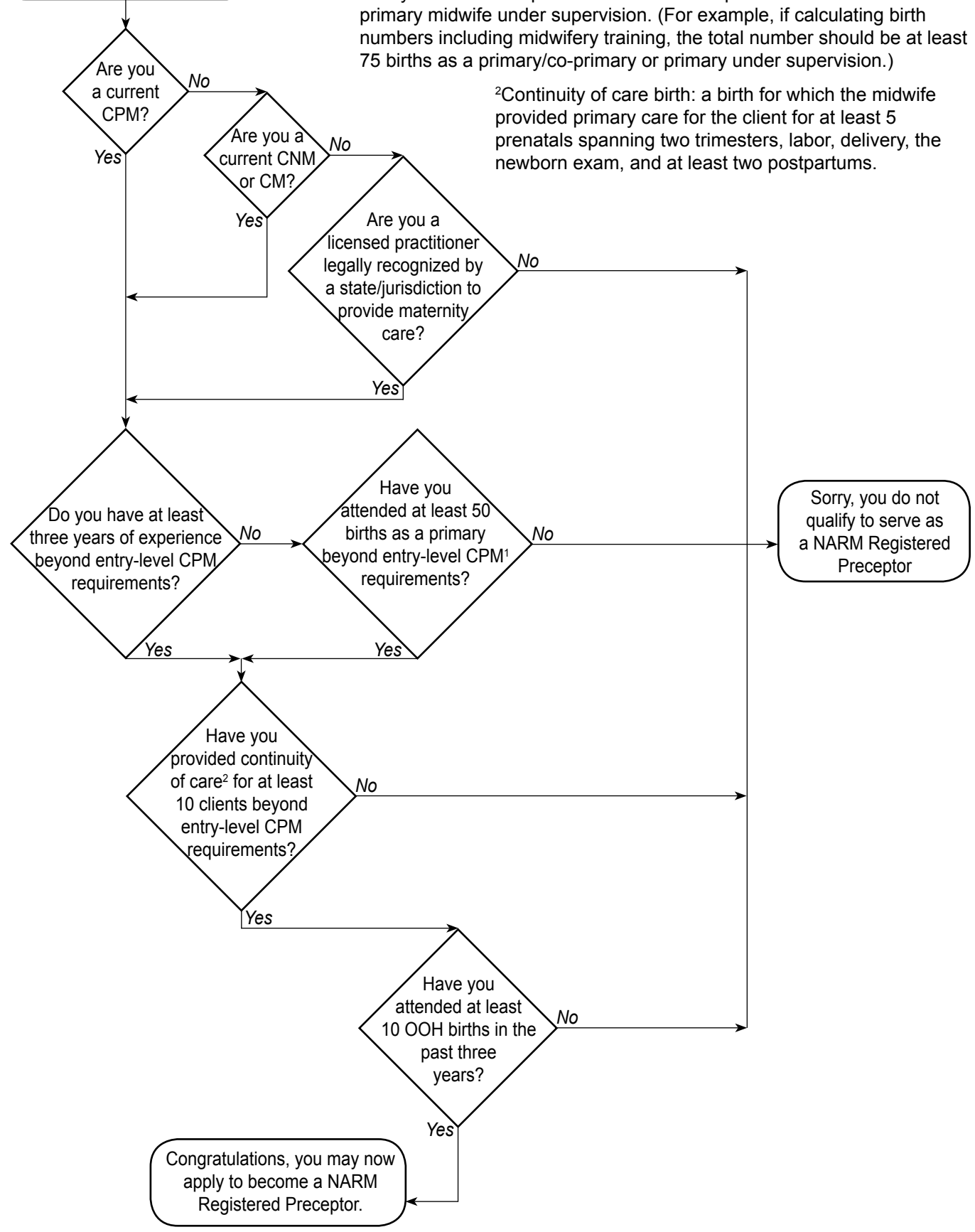
For more detailed information, read "Guidelines for NARM Registered Preceptors."

Preceptor Flow Sheet

You've decided to serve as a preceptor for a CPM Applicant

¹Entry-level CPM requirements include completion of 25 births as a primary midwife under supervision. (For example, if calculating birth numbers including midwifery training, the total number should be at least 75 births as a primary/co-primary or primary under supervision.)

²Continuity of care birth: a birth for which the midwife provided primary care for the client for at least 5 prenatal spanning two trimesters, labor, delivery, the newborn exam, and at least two postpartums.



Becoming a NARM Registered Preceptor

Anyone who meets the requirements and completes registration with NARM may serve as a NARM Registered Preceptor. Here are a few points to take into consideration when deciding whether or not to serve as a preceptor.

Do you have the time and patience to serve as a preceptor?

Many apprentices are new to the field of birth work and well-woman care. The most successful preceptor/ apprentice relationships result from a preceptor's ability to be patient and thorough.

Clinical skills must be taught, not just demonstrated, in increasing levels of responsibility. In addition to didactic training, hands-on practice is necessary for the apprentice to be able to advance her/his midwifery skills. It is vital that both preceptor and apprentice are willing to fully commit to the time required for extensive training.

Are you a willing and confident teacher?

Not all credentialed midwives feel that they have a well-rounded background of experience, even if they do meet the requirements of a NARM Registered Preceptor. Hopeful preceptors should consider what they have to offer the next generation of midwives before entering into the NARM Registered Preceptor role. In order to build confidence, a potential preceptor may benefit from advanced workshops and other training before taking on an apprentice.

Will you be willing to share care of your clients with your apprentice?

As an apprentice advances into the Primary Under Supervision phase of training, s/he must be able to act as the primary care provider, though the preceptor is responsible for care of the client. A NARM Registered Preceptor must be willing to allow the apprentice to completely perform procedures as a primary caregiver, only stepping in as necessary for the safety of the client or for training purposes.

Are you willing to share your records for the purposes of the NARM application process?

NARM reserves the right to request charts for any experiences documented on an application. If a NARM Registered Preceptor signs off on a clinical experience, s/he must be willing to allow the apprentice access to the charts for that client. CPM applicants are required to submit copies of a minimum of two client charts as a part of the application. It is the NARM Registered Preceptor's responsibility to confirm that copies of any charts submitted to NARM meet HIPAA requirements.

Will you be accessible to your apprentice after the CPM application is submitted to NARM?

Upon review of the CPM application, an apprentice may be required to submit corrections, additional documentation, or additional verification. NARM Registered Preceptors are often called upon to assist in verification or providing additional documentation, even if the apprentice is no longer training under that preceptor.

Guidelines for NARM Registered Preceptors

All preceptors are valued for their contributions to the field of midwifery and the continuing practice of the Midwives Model of Care. The preceptor/apprenticeship process relies on the preceptor to oversee and objectively evaluate the apprentice's training.

The training provided by a preceptor may vary widely based on the apprentice's needs. Some preceptor/apprentice relationships develop into long-term working relationships; others may be very brief. Whatever the individual experience may be, NARM has outlined the basic expectations of preceptors.

Preceptors who wish to sign off on Skills and Births for NARM CPM Applicants must register with NARM. The registration form is in this handbook and on our website at narm.org/preceptors. The form should not be filled out or submitted by anyone other than the preceptor. If a preceptor has more than one apprentice, s/he is not required to submit multiple registration forms. However, registration must be renewed every three years. The NARM Registered Preceptor is responsible for ensuring that NARM has a copy of at least one current midwifery credential (CPM, CNM, CM, LM) on file at all times. NARM Registered Preceptor status may be suspended or revoked if a preceptor does not provide proof of a current credential.

Maintain respect and open communication. In upholding the professional demeanor of midwifery, the preceptor should strive to maintain a sense of cooperation and respect for the apprentice. The preceptor should expect cooperation and respect from the apprentice as well. NARM recommends maintaining open communication at all times, with regular discussion of the expectations that each party has of the other. Any misunderstanding regarding expectations for satisfactory performance should be discussed and resolved as soon as possible. The recommended Quarterly Evaluation Form, available in this handbook (see Appendix) and at narm.org/preceptors, may serve as a useful tool for discussing expectations and goals.

NARM Registered Preceptors should have a clear understanding of the CPM educational and training requirements. For more information, refer to "CPM Educational Requirements" in this handbook, as well as the Candidate Information Booklet (CIB) and General Application Instructions, available at narm.org/entry-level-applicants.

Hold responsibility for the client. The preceptor holds the final responsibility for the safety of the client or baby. The preceptor must be physically present when the apprentice is performing clinicals and skills. Preceptors should become involved as needed for the safety of the client or in the spirit of positive education and role modeling.

Practice fair judgment. As part of the training process, the preceptor will be asked to sign for clinical skills and experiences on the apprentice's CPM application. A preceptor must only sign for those experiences for which s/he was present and s/he believes the apprentice has performed competently. **Once a preceptor signs for anything on a NARM application form, it may not be retracted.** Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk having their preceptor status revoked. If there is a concern, the clinical skill should not be signed off in the first place. NARM relies on preceptors to use fair and unbiased judgment when evaluating an apprentice's abilities, regardless of personal relationships.

Assign client codes. Preceptors must assign codes to all clients who may be documented on an apprentice's application. Each birth must have a unique code assigned to it. For clients with more than one birth, a different code must be assigned for each subsequent birth. Twins must have separate client codes when documenting newborn exams. Preceptors will be asked to share copies of client charts with their apprentices for the purposes of the NARM application. It is the preceptor's responsibility to confirm that client codes and copies of any charts submitted to NARM meet HIPAA requirements.

Carefully review all documentation. Preceptors' records should indicate the presence of apprentices at each clinical and the role of the apprentice (assistant, primary under supervision) at each clinical. Both preceptor and apprentice should sign/initial the chart at the time of the clinical experience. Arrival and departure times should be noted for each person at the birth. When signing for clinical skills and experiences on the application, the preceptor should carefully review all documentation with the apprentice. NARM recommends that all skills and experiences be signed off upon completion of the clinical or skill. However, in some cases the documentation may need to be signed at a later date. In those instances, it is recommended that both apprentice and

preceptor carefully review the documentation, referring to client charts and other records to verify accuracy of client codes, clinical numbers, and all dates. Preceptors who sign for any clinical experiences or skills on an application are also required to complete the accompanying preceptor verification forms. NARM strongly urges all preceptors to keep a copy of any application form s/he signs for her records. If any experiences submitted on an application come into question, preceptors may be asked to verify those experiences. Preceptors may be contacted directly by NARM for consultation during the application process.

CPM Educational Requirements

Based on Job Analysis of current CPMs, NARM has set forth the basic educational and training requirements for becoming a CPM. While these are requirements that must be met in order to receive the CPM credential, NARM understands that individual preceptor requirements vary. For this reason, it is important that the preceptor communicate all expectations to the apprentice.

Preceptors are expected to have a clear understanding of the educational requirements of the entry-level CPM applicant, as outlined in this section. Training should be completed in increasing degrees of responsibility.

Roles of CPM training

The three roles completed in the entry-level educational training process are Observer, Assistant Under Supervision, and Primary Under Supervision.

In the Observer role, the apprentice must witness the birth. As an Observer, the apprentice is not required to participate in hands-on training or application of skills.

As an Assistant Under Supervision, the apprentice should be taught to perform the skills of a midwife. Clinical skills should be performed as an assistant in increasing degrees of responsibility. In order to document a birth as an Assistant Under Supervision, the apprentice must perform some skills and must be present throughout labor, birth, and the immediate postpartum period. Catching the baby is a skill that should be taught and performed in the Assistant Under Supervision Phase.

As Primary Under Supervision, the apprentice should be managing the birth or other clinical while still under supervision of the preceptor. The preceptor should only become involved as necessary for safety or educational purposes. In order to document a birth as Primary Under Supervision, the apprentice must manage the labor, birth, and immediate postpartum period. If the mother or father is catching the baby, the apprentice must be responsible for all elements of the delivery. The apprentice may not count a birth as Primary Under Supervision if the preceptor catches the baby.

A twin birth counts as only one birth on the CPM application.

If the apprentice or preceptor is the also the client, that birth may not be counted on the CPM application.

General requirements for entry-level CPM training:

1. The apprenticeship should include didactic and clinical experience, and the clinical training must span at least two years. Clinical experience includes births and other clinicals attended as an observer, assistant, or primary under supervision. The average apprenticeship process lasts three to five years.
2. All documentation on a CPM application must span no longer than ten years prior to submission of the application.
3. At least 2 planned hospital births and at least 5 planned home births must be included in the total births documented in Phases 1-3. These births may be documented in any combination of any role: Observer, Assistant Under Supervision, or Primary Under Supervision.
4. All CPM applicants must have developed and utilize Practice Guidelines, an Informed Consent Form, and an Emergency Care Form. For more information, please refer to the section on the Informed Consent Process (Shared Decision Making) in the Candidate Information Booklet (CIB).
5. Only one student may serve as Primary under Supervision for any clinical. Two students may use the same clinical as Assistant under Supervision.

Clinical requirements for all entry-level applicants include:

1. Complete at least 10 births as an Observer.
Births may be signed by any witness, and may be in any setting. Births as an Observer may overlap with births as an Assistant Under Supervision or Primary Under Supervision (Phase 3 only).
2. Complete at least 20 births as an Assistant Under Supervision of a preceptor.
No more than 4 of the 20 births may be transports. At least 18 births must be completed as an Assistant Under Supervision before completing births as a Primary Under Supervision.
3. Complete at least 25 prenatal exams, including 3 initial prenatals, as an Assistant Under Supervision of a preceptor.
All 25 prenatal exams must be completed as an Assistant Under Supervision before completing prenatals as a Primary Under Supervision.
4. Complete at least 20 newborn exams as an Assistant Under Supervision of a preceptor.
All 20 newborn exams must be completed as an Assistant Under Supervision before completing newborn exams as a Primary Under Supervision.
5. Complete at least 10 postpartum exams as an Assistant Under Supervision of a preceptor. All 10 postpartum exams must be completed as an Assistant Under Supervision before completing postpartums as a Primary Under Supervision.
6. Complete at least 20 births as Primary Under Supervision of a preceptor.
At least 5 of the 20 births must be Continuity of Care (COC) births. In addition to the 5 COC births, at least 10 births must include a minimum of 1 prenatal visit. No more than 2 of the 20 births may be transports. At least 10 of the 20 births must be out-of-hospital births. At least 10 of the 20 births must have occurred within the last three years.
7. Complete at least 75 prenatal exams, including 20 initial prenatals, as Primary Under Supervision of a preceptor.
8. Complete at least 20 newborn exams as Primary Under Supervision of a preceptor.
9. Complete at least 40 postpartum exams as Primary Under Supervision of a preceptor.
10. Complete the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice.
Both competent knowledge and practical skill must be competently demonstrated for each skill to be completed.
11. Complete an additional 5 births as Primary Under Supervision of a preceptor.
No more than 1 of the 5 births may be a transport. These births may be submitted before or after taking the written exam, but must be completed within six months after successfully completing the written exam.

Additional requirements for successful completion of the CPM certification process include:

1. Successful completion of the Second Verification of Skills.
2. Successful completion of a course, workshop, or module on cultural competency.
3. Current certification in Adult CPR and Neonatal Resuscitation (NRP/NNR).
NARM only accepts certifications from courses which include a hands-on skills component. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the Red Cross. Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Certifications must be current at the time the CPM is issued. NARM strongly encourages CPR be a Health Care Provider course. Courses must be approved for use in the US or Canada.
4. Successful completion of the NARM Written Examination.

For more details regarding entry-level education and application requirements, refer to the Candidate Information Booklet (CIB), the General Application Instructions, and the entry-level application forms, all available for download from our website at narm.org/entry-level-applicants.

Preceptor Registration Guidelines

Anyone who wishes to serve as a preceptor for a CPM applicant must register with NARM.

Instructions for preceptor registration with NARM:

1. Read the NARM Registered Preceptor Handbook. Those who meet the requirements and guidelines may move on to step two.
2. Complete the Preceptor Registration Form 700. Those who hold a credential other than the CPM (such as a CNM/CM or LM) must include a copy of the current credential with the registration form.
3. Submit the Preceptor Registration Form 700 and any required additional documentation to:
NARM Applications Department
P.O. Box 420
Summertown, TN 38483

Registration forms mailed to other NARM offices will be returned.

Original registration forms must be submitted to NARM by USPS mail. However, additional required materials may be submitted by email (applications@narm.org) or fax (931-901-1221). When submitting any documentation to NARM, the registrant must keep a copy for her/his records.

A verification letter will be sent by email or standard mail once the registration packet has been received, processed, and approved. The verification letter will include the preceptor's required renewal date, which will align with the preceptor's birth date. Preceptor registration must be renewed every three years.

If your credential expires prior to the required preceptor renewal date, a copy of the updated credential must be submitted to the NARM Applications Department at the time of renewal of that credential, regardless of the preceptor renewal date. The NARM Registered Preceptor is responsible for ensuring that NARM always has her/his current credential and contact information on file.

NARM Preceptor Registration Form 700, page 1 of 3

This form must be filled out completely only by the applying preceptor and then submitted by that preceptor.

First Name: _____ Middle Initial: _____

Last Name: _____ Birth date: _____

Any other names previously submitted to NARM: _____

Please include any names that may have been listed on any documentation submitted to NARM.

Residential address: _____ City: _____

Province/State: _____ Zip Code: _____ Country: _____

Mailing address: _____ City: _____

Complete only if different from residential address.

Province/State: _____ Zip Code: _____ Country: _____

Primary phone: _____ Secondary phone: _____

Fax: _____ Last four digits of Social Security #: _____

Email: _____

Complete information for the credential(s) you hold. Fill in all that apply:

Credential	License/Credential Number	Original Issue Date	Expiration Date	State/Jurisdiction (if applicable)
CPM				
CNM ¹				
CM ¹				
LM ¹				
Other ²				

¹Submit a copy of your current non-CPM credential(s) with this form.

²Must be a licensed practitioner legally recognized by your state to provide maternity care

If there have been any lapses in your credential(s), please list the dates: _____

What year did you begin practicing as a primary midwife after training? _____

Approximately how many total births have you attended (including training)? _____

How many births did you attend as a primary/primary under supervision midwife during training? _____

How many births have you attended as a primary/co-primary midwife after training? _____

How many Continuity of Care births have you attended as a primary/co-primary midwife? _____

NARM defines Continuity of Care births as a minimum of five prenatals spanning at least two trimesters, the birth, the newborn exam, and at least two postpartums.

How many Out-of-Hospital births have you attended in the last three years? _____

Do you work with a group practice or birth center, or do you work with a co-practitioner? Yes No

If yes, please state the name(s): _____

NARM Preceptor Registration Form 700, page 2 of 3

First Name: _____ Last Name: _____

May NARM release your name/contact information to prospective students looking for a preceptor?

Yes No

How did you receive your midwifery training? Please complete all that apply:

Self-trained, please provide a brief explanation: _____

Apprenticeship towards NARM credential

Apprenticeship towards a credential offered by a state/provincial agency

Name/location of agency: _____

Obtained a degree towards CNM/CM certification

Obtained a vocational/technical certificate

Name of program/certificate: _____

Attended a MEAC-accredited school

Name of school: _____

Did you graduate? Yes No

Attended a midwifery school not accredited by MEAC

Name of school: _____

Did you graduate? Yes No

Attended a state-approved midwifery program

Name of program: _____

Did you complete the program? Yes No

Obtained a credential outside the U.S.

Name/location of credential: _____

Attended a training program outside the U.S.

Name of program: _____

Other, please explain: _____

NARM Preceptor Registration Form 700, page 3 of 3

First Name: _____ Last Name: _____

Affirmation of Honest Intent of Representation

I, _____, in registering for North American Registry of Midwives (NARM) preceptor status, do hereby acknowledge that honesty in relationship to the apprentices I mentor is of utmost importance. I affirm that I, to the best of my ability and professional integrity, will always represent my practice, knowledge, skills, experience and expertise honestly and fairly. *Initial here:* _____

I understand that I will be held liable for the verification of education and training of any CPM applicants who apprentice under my supervision. *Initial here:* _____

I affirm that I have read the NARM Registered Preceptor Handbook and agree to all terms therein. *Initial here:* _____

I affirm I have read the Candidate Information Booklet (CIB) and NARM application instructions. *Initial here:* _____

I affirm that, as a NARM Registered Preceptor, I will only sign for procedures performed under my direct supervision, for which I was present and in the room. Before signing any NARM application forms, I will thoroughly review the procedures documented on those forms. *Initial here:* _____

I declare and affirm that the statements made on this registration form, including accompanying statements and documents, are true, complete and correct. I understand that any false or misleading information in connection with my registration may be cause for denial or loss of preceptor status. *Initial here:* _____

Print Name

Signature

Date

Witness Name Affirming Preceptor's Signature

Witness Signature

Date

Glossary

The terms defined herein are specific to the CPM process.

Accountability: The check and balance system built into the certification process. Accountability includes continuing education, informed consent, peer review, complaint review, and the grievance mechanism.

ACNM: American College of Nurse-Midwives; the professional association that represents Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) in the United States.

AMCB: American Midwifery Certification Board.

Assistant Under Supervision: An apprentice midwife who is being taught to perform the skills of a midwife through hands-on clinical experience in gradually increasing degrees of responsibility.

Audit: A methodical examination and review of application materials, including any additional requested materials, such as practice documents and charts. Audits may be conducted randomly or for multiple discrepancies on any application type, including recertification applications.

Birth: Labor, delivery, and immediate postpartum period.

CIB: Candidate Information Booklet; A booklet published by NARM which outlines educational and application requirements for becoming a Certified Professional Midwife (CPM).

CPR: Cardiopulmonary Resuscitation.

CNM: Certified Nurse Midwife; An advanced practice registered nurse who has specialized education and training in both the disciplines of nursing and midwifery and is certified by the AMCB.

CM: Certified Midwife; A direct entry midwife who is certified by the AMCB.

Certified Professional Midwife (CPM): A professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and adheres to the Midwives Model of Care.

CEU: Continuing Education Unit; continuing education credits which are usually represented as credit hours but sometimes as units. For NARM recertification 1 contact hour equals 1 CEU.

Charts: A record of information about a client. Complete charts include the prenatal care record, labor and delivery records, newborn exam record, and postpartum record.

Client: A person who elects to use midwifery services provided by a professional midwife, which may include care provided by student midwives.

Client Code: Each client must have a unique code. If there is more than one birth, including twins, with any given client, there must be a different code assigned for each subsequent birth. If a preceptor has more than one student (applicant), each chart must have a code that all students will use. Students should not develop different codes for the same client.

Clinical: Any direct observation or evaluation of a client, e.g. – a birth, prenatal, postpartum, or newborn exam.

Clinical Experience: Any experience involving direct observation or evaluation of a client and signed for by a witness or preceptor.

Complaint Review: A group review by CPMs, conducted locally, regarding a formal complaint filed against a CPM within 18 months of the conclusion of care (or within the time allowed by NARM policy). Complaint Review includes participation of the client whose course of care initiated the complaint, and may result in non-binding educational recommendations for the midwife or initiation of the NARM Grievance Mechanism.

Confidentiality: The protection of individually identifiable information, specifically client information.

Continuing Education: Keeping up with new developments in the field of midwifery, upgrading skills, acquiring new information, and reviewing skills and knowledge.

Continuity of Care (COC): Care provided throughout prenatal, intrapartum and postpartum periods. For the purposes of the NARM application, primary under supervision care must be provided for a minimum of five prenatals spanning at least two trimesters, the birth (including the placenta), the newborn exam, and at least two postpartums for five clients. Transports are not accepted for full Continuity of Care births. An additional ten primary under supervision births must include at least one primary under supervision prenatal.

Co-Primary: A midwife who shares care of a client with another midwife, with each midwife bearing equal responsibility for the actions, inactions and collective decisions.

Core Competencies: The Midwives Alliance of North America Core Competencies; a document of guidelines which establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice, providing the basis for the CPM credential.

Currency: Documentation of additional births and/or clinicals, which may be required for applications that have been in process for an extended period of time. Minimum required clinical experiences must span no longer than ten years, with at least ten out of hospital births within the last three years.

Education and Counseling: Information and discussion of components of the CPM Informed Consent Process and Shared Decision Making, provided in verbal and written language understandable to the client.

Eligibility: Process by which one may seek and obtain certification based upon personal, program, organization, state or international qualifications.

Emergency Care Form: A form individualized for each client, which should include the client's name, address, phone number, hospital chosen for transport (with telephone number), name and contact information of anyone who may be involved in the care of the client (such as client doctors or the backup physician for the midwife), and any person that the client lists as an emergency contact.

Expired CPM: One who has previously been issued the CPM credential but, within 90 days after her/his expiration date, has not provided documentation of maintaining the requirements of recertification.

Expired Application: An application which has been submitted to the NARM Applications Department and has been in process or incomplete for longer than the allowed time frame.

Fetal/Neonatal Death: A death from 20 weeks intra-uterine gestational age to 28 days old.

Freestanding Birth Center: A facility, institution, or place not normally used as a residence and not associated with or managed by a hospital, in which births are planned to occur in a home-like setting. Freestanding birth center births are considered out-of-hospital births.

Grievance Mechanism: The process used by the NARM Accountability Committee to handle formal complaints about a midwife, which is put into effect once a second complaint against a CPM or applicant is filed. The outcome 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.

HIPAA Requirements: The requirements as laid out in the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), which are intended to protect all "individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral," also known as protected health information. Protected health information may not be used or disclosed unless the individual who is the subject of the information authorizes in writing.

Hospital Birth Center: A birth facility, institution, or place associated with or managed by a hospital, which is equivalent to a hospital setting for a birth.

ICA: International Credentialing Associates; an independent, non-governmental professional organization which provides educational credential evaluation reports to other organizations for individuals who have completed all, or part, of their education outside the United States.

Inactive CPM: Voluntary suspension of CPM credential on an annual basis not to exceed six years; during which time the use of the CPM credential and preceptor/evaluator status is prohibited.

Informed Consent Form: A midwife's documentation of the process leading to the decision made by a client that is outside the Midwife's Plan of Care, which must include evidence, such as the client's signature, that the client was fully informed of the potential risks and benefits of proceeding with the new care plan.

Informed Consent Process: Ongoing verbal and written education about risks, benefits and alternatives to the Midwife's Plan of Care. The midwife utilizes individualized counseling based on her practice guidelines and skill level, the client's medical history, and written documentation of a care plan that includes signatures of the client and midwife when appropriate. The Informed Consent Process necessitates revisiting areas of consent and non-consent over time and as changes occur. Also refer to Shared Decision Making.

Informed Disclosure: A form written in language understandable to the client which includes a place for the client to attest that she understands the content by signing her full name. The form must include a description of the midwife's training and experience (including credentials), philosophy of practice, list of services provided, transfer/consultation protocols, transport plan, the NARM Accountability Process, and HIPAA Privacy and Security Disclosures.

Initial Prenatal Exam: Intake interview, history (medical, gynecological, family) and physical examination. Information may be gathered over one or more early prenatals and should include both an oral/written history and a general overview of normal physical condition.

Licensed Midwife: A midwife who is legally recognized and regulated by her/his state.

MANA: Midwives Alliance of North America.

MEAC: Midwifery Education Accreditation Council.

Mediation: Process utilizing a third agreed upon party to bring about agreement or reconciliation among disputing parties.

Mentor: See Preceptor.

Midwife: One who attends a woman in childbirth as the primary care provider.

Midwife's Plan of Care: A care plan provided by the midwife to her client that is informed by her training, competency, practice guidelines, regional community standards of both medical and midwifery maternity care providers, and legal requirements. The Plan of Care includes both written and verbal communication and is revisited throughout the course of care as changes occur and at the time an exam or procedure is provided. A client may refuse a procedure at any time.

Midwives Model of Care: A midwifery model of care based on the fact that pregnancy and birth are normal life events. The Midwives Model of Care includes: a) monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; b) providing the mother with individualized education, counseling and prenatal care, continuous hands-on assistance during labor and delivery and postpartum support; c) minimizing technological interventions; and d) identifying and referring women who require obstetrical attention. The application of this model has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

NARM: North American Registry of Midwives.

NARM Registered Preceptor: A midwife who meets requirements for supervising CPM candidates and has current, approved registration through NARM. The Registered Preceptor must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.

Newborn Exam: A complete and thorough examination of the infant conducted within 12 hours of the birth.

NNR: Neonatal Resuscitation.

NRP: Neonatal Resuscitation Program.

Observer: One who is physically present and observes a labor and birth.

OOC: Out of Country; specifically, midwifery training conducted outside the US or Canada.

Out-of-hospital (OOH) Birth: A planned birth in a home, freestanding birth center, or other location not connected to a hospital.

PEP-EL: Portfolio Evaluation Process – Entry Level; the application route through which midwifery apprenticeship with one or more preceptors is thoroughly documented for review for the purpose of qualifying for the CPM credential.

PEP-EM: Portfolio Evaluation Process – Experienced Midwife; the application route through which a midwife's experience (a minimum of five years of experience beyond training) is thoroughly documented for review for the purpose of qualifying for the CPM credential.

PEP-IEM: Portfolio Evaluation Process – Internationally Educated Midwife; the application route through which the experiences and training of a midwife licensed or registered outside the US is thoroughly documented for review for the purpose of qualifying for the CPM. Documentation includes an initial report requested by the applicant and compiled by ICA.

Phase 1: The first of four phases of the PEP-EL application, requiring documentation of births attended as an Observer. Phase 1 serves as a beginning apprentice's introduction to the preceptor's practice.

Phase 2: The second of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as an Assistant Under Supervision. Phase 2 provides the apprentice with appropriate instruction and training in preparation for providing primary midwifery care under the direct supervision of a preceptor during Phase 3.

Phase 3: The third of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as a Primary Under Supervision, verification of skills, CPR/NRP certifications, verification of utilization of practice documents, and references.

Phase 4: The fourth of four phases of the PEP-EL application, requiring documentation of additional births as a Primary Under Supervision.

Philosophy of Birth: A written or verbal explanation that a midwife provides as part of Informed Disclosure for Midwifery Care in which the midwife explains her/his beliefs and opinions about the process of childbirth and the role of the midwife as care provider.

Plan of Care: See Midwife's Plan of Care.

Planned Home Birth: A birth that, according to the antepartum plans set forth by the client, takes place in a home or similar setting.

Planned Hospital Birth: A birth that, according to the antepartum plans set forth by the client, takes place in a hospital or hospital birth center. A planned hospital birth may be a transfer of care from an out-of-hospital practice.

Postpartum Exam: A physical, nutritional and socio-psychological review of the mother and baby after 24 hours and up to six weeks following the birth, and does not include the immediate postpartum exam.

Practice Guidelines: A specific description of protocols that reflect the care given by a midwife, including the initial visit, prenatal, labor/delivery, immediate postpartum, newborn exam and postpartum care. Practice Guidelines should include an explanation of both routine care and protocols for transports and/or transfers of care.

Preceptor: See NARM Registered Preceptor.

Prenatal Exam: A complete and thorough routine examination, counseling, and education of the pregnant woman prior to birth.

Primary: A midwife who has full responsibility for provision of all aspects of midwifery care (prenatal, intrapartum, newborn and postpartum) without the need for supervisory personnel.

Primary Under Supervision: An apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during all care provided.

Protocols: See Practice Guidelines.

Recertification: The process through which a CPM renews credentialing every three years by documenting CEUs, peer review, cultural competency (if not previously documented), and current CPR/NRP certifications.

Recertification After Expiration: The process through which an expired CPM may reapply for the CPM credential by documenting birth experience, CEUs, peer review, cultural competency, and current CPR/NRP certifications. The expired CPM will be required to retake the written exam unless s/he holds another current credential (such as a state license) recognized by NARM.

Registered Midwife: See Licensed Midwife.

Second Verification of Skills: The secondary evaluation of a PEP applicant's skills verified either in a clinical setting or demonstrated on live volunteer models.

Shared Decision Making: The collaborative process that engages the midwife and client in decision making with information about treatment options, and facilitates the incorporation of client preferences and values into the plan of care. Also refer to Informed Consent Process.

Standards of Practice: See Practice Guidelines.

State Licensed: See Licensed Midwife.

Supervisor: See NARM Registered Preceptor.

Transport: Transfer of care during labor to another primary care giver prior to the birth of the baby. In the case of transfer, the student must remain with the client through the birth (if possible) and continue to be present through the immediate postpartum period. The supervising preceptor must be present until transfer of care has occurred.

Witness: Anyone other than the applicant present at a birth.

Written Exam: North American Registry of Midwives Written Exam.

The North American Registry of Midwives
Certified Professional Midwife (CPM)

Appendix—
Quarterly Evaluations

Guidelines for Quarterly Evaluations

The PEP process for CPM certification requires a successful preceptor/apprenticeship relationship. When entering into a preceptor/apprentice partnership, each party is expected to act in a professional, responsible, and respectful manner towards the other. For the most beneficial relationship, NARM strongly urges each person to maintain an open line of communication with the other. Periodic assessments should be included as a part of regular communications.

The average apprenticeship which includes didactic and clinical training lasts 3-5 years. It is acceptable, even preferable, for apprentices to study under more than one preceptor. Some preceptor/apprentice relationships develop into long-term working relationships; others may be very brief. However long a relationship may last, periodic assessments can prove to be very beneficial for both parties. NARM recommends using the following guidelines and Quarterly Evaluation Report as tools for periodic assessment.

Recommendations:

At the beginning of the preceptor/apprentice relationship, each party should establish goals, such as educational goals and expectations for rate of progress.

A plan should be made for meeting outside of clinical time to discuss didactic study and evaluate clinical and skills experience.

The preceptor and apprentice should strive to meet at least once per quarter for evaluations, to discuss progress, expectations of both parties, and to set new goals. While a "quarter" may typically be defined as once every three months, short-term apprenticeships may benefit from more regular meetings; for example, for a 4-month apprenticeship, evaluation meetings could be scheduled at least once per month.

Completing the Quarterly Evaluation Form:

The following form is recommended by NARM; it is not required as a part of the CPM application process. NARM encourages utilization of this form by both apprentices and their preceptors, particularly those apprentices who plan to apply through the PEP-Entry Level process.

The Quarterly Evaluation Form should be completed by the NARM Registered Preceptor and apprentice together. Begin by reviewing the discussion questions. Add any preferred topics of discussion for the next evaluation.

Complete the time period, clinical numbers, and note how many of each clinical may be used on NARM application forms. Both preceptor and apprentice should sign the form.

Submission of Quarterly Evaluations:

The Quarterly Evaluation Form is intended for use by the preceptor and apprentice. Once an evaluation is completed, both apprentice and preceptor should keep a copy for their records. Submission of Quarterly Evaluation Forms is encouraged but not required as a part of the CPM application process. If the preceptor and/or apprentice choose to submit the evaluations to NARM, they will be kept on file as supplemental materials. Quarterly Evaluation Forms may be submitted to:

NARM by email (applications@narm.org), fax (931-901-1221), or standard mail:

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

Registration forms mailed to other NARM offices will be returned.

NARM Quarterly Evaluation Form

Preceptor's Name: _____

Apprentice's Name: _____

Time period covered by evaluation: _____

Discussion Questions:

Notes may be taken on a separate sheet of paper.

1. Have clear goals been outlined, such as educational goals and expected rate of progress?
2. Do the preceptor and apprentice meet outside of clinical time to discuss progress, evaluation of performance and knowledge? Has the meeting time allowed for adequate discussion?
3. Is the apprentice provided with an opportunity to progress in increasing levels of skills and responsibilities? If not, what are the possible impediments?
4. Is the apprentice demonstrating adequate self-study skills, including application of new knowledge in a clinical setting?
5. Is the apprentice progressing through the Assistant Under Supervision clinicals in increasing levels of responsibility? Will the apprentice be prepared to move into a primary role upon meeting the minimum requirements, or should s/he continue to train in an assistant role?
6. Are expectations being met for both preceptor and apprentice? If not, what are the areas requiring more focus?

Additional topics of discussion: _____

Clinical Experience	Number Attended	Number Initialed on CPM Application
Observed Births		
Births as an Assistant		
Initial Prenatals as an Assistant		
Prenatals as an Assistant		
Newborn Exams as an Assistant		
Postpartum Exams as an Assistant		
Births as a Primary		
Continuity of Care Births as a Primary		
Primary Births with at least 1 Prenatal		
Initial Prenatals as a Primary		
Prenatals as a Primary		
Newborn Exams as a Primary		
Postpartum Exams as a Primary		

Preceptor Signature

Date

Apprentice Signature

Date