
NARM Preceptor Registration Renewal Form 710, page 1 of 2

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

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

Any other names previously submitted to NARM: _____

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: _____

Approximately how many births have you attended in the last three years? _____

Currency is required, ten primary/co-primary births in the last three years.

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

Yes No

NARM CPM NARM Registered Preceptors should submit this form with their CPM Recertification form.

Non-CPM NARM Registered Preceptors should submit this form along with a copy of their renewed license/certificate.

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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

Submit this Form 710 to:

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

Forms mailed to other NARM offices will be returned.