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# NARM Preceptor Registration Renewal Form 710, page 1 of 1

*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

## 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