

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

*CPM Retirement after Expiration
Status Application*

Conditions for CPM Retirement after Expiration Status

NARM has a new Retirement Status that is being offered to current CPMs. Since this option was not available in the past we are opening it up to former CPMs who might be interested in obtaining retirement status. **The only requirement is that the midwife must have held the CPM credential in good standing for at least 9 years and are no longer practicing.** The option to Retire after Expiration will be offered through June 1, 2016.

Retirement status may be granted to any CPM who applies, provided they have held the CPM credential in good standing for at least 9 years.

Benefits for Retired CPMs

Retired CPMs:

- May use the CPM-Retired title;
- Will receive a certificate which recognizes the CPM as Retired;
- Will be listed in the NARM database/records as Retired versus Expired;
- May receive any future mailings from NARM such as e-blasts and newsletters.

Restrictions for Retired CPMs

Retired CPMs may not:

- Use the title of CPM without retired status designation;
- Practice midwifery using the CPM credential/certification;
- Act as a NARM preceptor;
- Act as a NARM qualified evaluator.

Requirements for CPM Retirement after Expiration Status

Application for retirement status is a one-time only requirement. To apply for retirement status, submission of the following items is required:

1. Completed NARM Retirement Status Form 630;
2. Certified check or money order for \$65 or credit card payment of \$70.

State Licensees: Please be advised that a current CPM credential may be required by some state licensing agencies in order to maintain active licensure.

Instructions for CPM Retirement after Expiration Status

1. Please read all the materials.
2. All forms must be filled out completely in English using black ink or typed.
3. Do not use white-out to make corrections. If you make an error, mark one line through it and initial.
4. Only NARM's CPM Retirement Status Form 630 will be accepted. Do not create your own forms.
5. Keep a copy of all retirement documentation for your records. If you require a copy of your application from NARM after submission, there is a \$10 fee for duplication.
6. All fees are to be paid with certified check or money order in U.S. funds made out to NARM. Credit cards are also accepted (a handling fee of approximately 7% will apply). **Personal checks are not accepted.**

Send all documentation and fee to:
NARM Applications Department
P.O. Box 420
Summertown, TN 38483

Recertification after Retirement

Contact NARM Applications Department at 1-888-426-1280 or applications@narm.org for more information.

CPM Retirement after Expiration Status Form 630

All forms must be filled out completely in English using black ink or typed.

First name: _____ Last name: _____ Middle initial: _____

Please list any other name on supporting documents: _____

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 #: _____

Email address: _____

Last 4 digits of Social Security #: _____ Date of Birth: _____ CPM #: _____

Indicate which type of payment submitted: Cashier's check Money order Credit card payment

The fee for Retirement Status is \$65. Please be advised that there is an approximate 7% handling fee for all credit card transactions. By providing your credit card details, you are authorizing NARM to process your payment including the handling fee.

Please indicate your form of credit card payment of \$70 (includes handling fee): Visa Mastercard

Credit card #: _____ Exp. date: _____

Name on card: _____

The retirement fee includes one Retirement Status certificate. If you would like a duplicate certificate, check here and include the additional fee: Additional certificate: \$20

Please indicate your reason for retirement:

- No longer practicing and have held the CPM credential for at least 9 years; Over the age of 60; or
 Medical reasons such as illness or disability

If retiring for medical reasons, please provide a brief explanation below and include any appropriate documentation (such as a letter from a health care professional): _____

I, the undersigned, affirm that I am electing retirement status of my CPM credential and, once approved, will only use the title, CPM-Retired. _____ initials

I understand I will not be allowed to use the title of Certified Professional Midwife (CPM) unless recertified by the North American Registry of Midwives (NARM). _____ initials

Name: _____ Date: _____

Signature: _____

Please keep a copy of all Retirement forms and documentation for your records.