



*CPM Retirement Status
Application*

Conditions for CPM Retirement Status

Retirement status may be granted to any current or former CPM in good standing, provided they meet at least **one** of the following conditions:

- No longer practicing and have held the CPM credential for at least 9 years
- Age 60 or older
- Retiring due to medical reasons such as an illness or disability

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 Registered Preceptor.

Requirements for CPM Retirement 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. Payment of retirement fee of \$70.
3. If retirement is due to illness or disability, documentation is required (i.e. letter from a health care professional).

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 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. Fees are payable by money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. If you wish to pay by credit card, you will receive an invoice by email with a direct link for credit card payment once your application has been received and logged in. All fees are non-refundable.

Send all documentation and fee to:

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

Applications mailed to other NARM offices will be returned.

Recertification after Retirement

A CPM-Retired may recertify using the Recertification after Expiration Form 610.

CPM Retirement 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 #: _____

Retirement fees are payable by money order, certified check, or credit card; personal/business checks are not accepted. All fees must be made payable to NARM in U.S. funds. All fees are non-refundable. If you wish to pay by credit card, you will receive an invoice by email with a direct link for credit card payment once your application has been received and logged in.

Please check the type of payment enclosed, **\$70**:

☐ Certified check or money order in U.S. funds, or ☐ Credit card payment

The retirement fee includes one Retirement Status certificate. If you would like a duplicate certificate, check here and include the additional fee of **\$25**:

☐ Cashier's check or money order or ☐ Credit card payment

Please indicate your reason for retirement (check one):

- ☐ No longer practicing and have held the CPM credential for at least 9 years
☐ Over the age of 60
☐ 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 current or former 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.