

Births as Primary under Supervision Form 112a

Applicant's Name: _____ Social Security #: _____

Please **carefully** read instructions for filling out this form and what it must document, and list these births in chronological order.

Note to the Preceptor: Every space for each birth must be completed or crossed out before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Birth #	Client # or Code	Prenatals		Birth Site ¹ *	Date of Birth	New-born Exam y/n?	# PP Visits	Trans-ports ²	Pre-ceptor Initials	Outcome ³ : including actions, complications transfers, etc.
		Initial y/n?	# Visits							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
Totals:									# out-of-hospital births ⁴ : _____	

¹Birth Site: **HM** = Home; **FBC** = Free-standing Birthing Center; **HBC** = Hospital Birthing Center; **H** = Hospital; **O** = Other (car, outside, etc.)

*Add **OO** in addition to the location code if the birth was outside the U.S. or Canada (see instructions for Entry Level Forms).

²Include no more than two transports

³The "brief description" should be very brief—a few words or a simple sentence, but please fill in the description for **every** birth reported.

⁴See definition in *Candidate Information Bulletin (CIB)*; must document a minimum of ten out-of-hospital births (not including transports).

Initial Prenatal Examinations Form 112b

as Primary under Supervision

Applicant's Name: _____ Social Security #: _____

This form must document a total of 20 Initial Prenatal Exams

Please *carefully* read instructions for filling out this form and what it must document, and list these exams in chronological order.

Note to the Preceptor: *Every space for each birth must be completed or crossed out before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.*

Exam #	Client # or Code	Date Applicant did Initial Prenatal Exam	Preceptor Initials	Comments about Initial Prenatal Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Additional Prenatal Examinations Form 112c as Primary under Supervision

Applicant's Name: _____ Social Security #: _____

Please **carefully** read instructions, and list these exams in chronological order.

Exam #	Client # or Code	Date of Prenatal Exam	Preceptor Initials
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			

Note to the Preceptor: Every space for each birth must be completed or crossed out before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Prenatal Exam	Preceptor Initials
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			

Newborn Examinations Form 112d

as Primary under Supervision

Applicant's Name: _____ Social Security #: _____

This form must document a total of 20 Newborn Exams

Please **carefully** read instructions, and list these exams in chronological order.

Note to the Preceptor: Every space for each birth must be completed or crossed out before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Newborn Exam	Preceptor Initials	Comments about Newborn Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Postpartum Examinations Form 112e as Primary under Supervision

Applicant's Name: _____ Social Security #: _____

This form must document a total of 40 postpartum exams.

Please **carefully** read instructions, and list these exams in chronological order.

Note to the Preceptor: Every space for each birth must be completed or crossed out before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

Summary of all Procedures Form 112f as Primary under Supervision

Applicant's Name: _____ Social Security #: _____

I, _____, affirm that I attended and documented 20 births: at least ten of which were in homes or other out-of-hospital settings during the three (3) years prior to this NARM application; at least three (3) of the 20 births were with women for whom I provided primary care during at least four (4) prenatal visits, birth, newborn exam and one (1) postpartum exam; and no more than two (2) of the births attended were transports.

I affirm that I performed and documented 20 initial prenatal exams.

I affirm that I performed and documented 75 prenatal exams.

I affirm that I performed and documented 20 newborn exams.

I affirm that I performed and documented 40 postpartum exams.

I also affirm that all of the information I have recorded in the "Births as Primary Under Supervision Form 112a-f is true and correct to the best of my ability and that I can provide written documentation that I attended each of the births and procedures I have described herein in the capacity of "primary midwife under supervision."

I will provide copies of the client's charts with names whited out and coded with numbers that match birth codes on Forms 112b-f in the event that the candidates application is audited.

Applicant's Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day, of the month of _____
in the year _____.

Notary Seal

(Notary Signature)

My Commission Expires: _____