

# Verification of Birth Experience Form 114

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Make a copy of this Form 114 for each preceptor** who has initialed a birth listed on *Births as Primary Under Supervision Form 112a-e*. They must fill out this form and have it notarized.

Preceptor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, affirm that the applicant, \_\_\_\_\_, was acting as **primary under supervision** which is defined as an apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during any care provided.

I affirm that I am a **primary midwife** who was responsible for the prenatal, intrapartum, postpartum and/or newborn care initialed on *Births as Primary Under Supervision Form 112* and that I was physically present in the same room in a supervisory capacity during that care in which this applicant acted as **primary under supervision**. I understand if I sign off on **any** experiences I did not physically witness, I risk losing the ability to sign as a preceptor in the future and also risk losing my NARM certification.

I understand that the NARM Applications Department may request specific charts for audit purposes.

I affirm that I have read and understand the current CIB, definitions, NARM Policy Statement on Preceptor/ Apprentice Documentation, the Step-by-Step Guidelines for Preceptors, and all related directions in the application.

I affirm I supervised and was in the room for the following number of procedures in which this applicant acted as primary under supervision:

Number of births: \_\_\_\_\_ Number of initial prenatal exams: \_\_\_\_\_

Number of prenatal exams: \_\_\_\_\_ Number of newborn exams: \_\_\_\_\_

Number of postpartum exams: \_\_\_\_\_

I affirm that I meet the following (choose one) acceptable definition of a preceptor:

- I am credentialed as a  Certified Professional Midwife (CPM),  Certified Nurse-Midwife (CNM) or  Licensed Midwife who has an additional three years of experience or 50 births, including ten continuity of care births, beyond the primary birth experience requirements for CPM certification; or
- I have received approval to serve as a preceptor from the NARM Board and am including a copy of the letter.

Preceptor's Signature: \_\_\_\_\_

Preceptor's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

Notary Seal

\_\_\_\_\_  
(Notary Signature)

My Commission Expires: \_\_\_\_\_