

Preceptor Verification of Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Form 202

Applicant's Name: _____ Social Security #: _____

Make a copy of this Form 202 for each preceptor who has initialed skills in the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice* Verification Form 201. They must fill out this form and have it notarized.

Preceptor Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

I, _____, affirm and have witnessed that the applicant, _____, has acquired and is proficient in the performance of the skill(s) that I initialed on the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice* Verification Form 201.

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.

I affirm that I have read and understand the NARM Policy Statement on Preceptor/Apprentice Documentation Instructions on page 7 of this application packet.

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: _____