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# Document Verification Form 205a to be filled out by Preceptor

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

I, \_\_\_\_\_, a preceptor of  
\_\_\_\_\_, (applicant's name) do hereby verify  
that he/she has developed and that he/she utilizes in his/her practice the following documents:

- Practice guidelines
- An informed consent document
- An emergency care form

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.

\_\_\_\_\_  
Print Preceptor's name

\_\_\_\_\_  
Preceptor'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: \_\_\_\_\_