

**NARM  
General  
Application  
Form 100**

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The Application must be filled out completely in English in black ink or typed.

## General Information

Date application completed: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

[Please **carefully** print your name above as you want it to appear on your CPM certificate.]

Any other names listed on supporting documents: \_\_\_\_\_

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

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

Mailing Address<sup>1</sup>: \_\_\_\_\_ City: \_\_\_\_\_

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

<sup>1</sup>The address where you can most easily be reached.

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Age: \_\_\_\_\_ Gender—Female:  Male:

Religion (for demographic use only): \_\_\_\_\_

Racial/Ethnic Origin (for demographic use only): \_\_\_\_\_

When did you start your midwifery training? Month \_\_\_\_\_ Year \_\_\_\_\_

When did you begin to practice as a Primary Under Supervision? Month \_\_\_\_\_ Year \_\_\_\_\_

When did you begin practicing as a primary midwife? Month \_\_\_\_\_ Year \_\_\_\_\_

If you are not currently attending births, when did you last attend births? \_\_\_\_\_

Are you  Certified (year: \_\_\_\_\_)  Licensed (year: \_\_\_\_\_)  Registered (year: \_\_\_\_\_)  Documented (year: \_\_\_\_\_) to practice midwifery?

In what state(s)/province(s)/jurisdiction(s)? \_\_\_\_\_

Are you currently practicing midwifery?  Yes  No. If you are retired or on sabbatical, are you actively involved in  midwifery education  research  midwifery-related politics?

What is your practice site  rural (< 5,000)  small town (< 5,000)  suburban (5,000-20,000)  urban (> 20,000)

Do you have any special test-taking needs?  No  Yes (please explain on another sheet, and medical documentation will be required)

## Educational Category

Please check the **one** category under which you wish to apply:

- Graduation from a MEAC-accredited program
- Certification by the AMCB as a CNM/CM
- Legal recognition in states/countries previously evaluated for educational equivalency
- NARM Portfolio Evaluation Process (PEP)
  - Entry-level midwife
  - Experienced midwife
  - Internationally educated midwife

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

**NARM Examination or Waiver Verification**

If you have already passed the NARM CPM Written Examination as part of a state regulatory process, please note:

when it was taken: \_\_\_\_\_

where it was taken: \_\_\_\_\_

**Education Background**

Please give details of all formal or informal education. Estimate hours or credits if specific numbers are not known. Submit copies of supporting documents whenever possible.

**Non-Midwifery Related Education**

Name of School/Location (Including High School)	Years Attended	Degree if any	Major/Minor	Year Graduated or Acquired GED

**Work Experience Relevant to the Acquisition of Midwifery Skills**

Please list any midwifery-related work experience.

Name/Address of Institution or Practice	Type of Work	Dates from/to

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

Medical training: (MD, DO, DC, APRN, BSN, PA, RN, LPN, EMT, Med Tech, etc.) \_\_\_\_\_

### Specialized Midwifery Training

Apprenticeship Training (note number of births attended with each preceptor/supervisor/mentor)

Preceptor/Supervisor/Mentor's Name, Address and Phone	# Births Attended	Dates from/to

Formal Midwifery School (Specify and Provide Details)

Name and Location	Course Focus	Month/Year Attended	Degree/Certification

Formal Midwifery Homestudy Program

Name and Location	Course Focus	Month/Year Attended	Degree/Certification

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

- Individual Midwifery Classes/Workshops, not part of another program  
(attach another sheet if necessary)

Name and Location	Course Focus	Month/Year Attended	Degree/Certification

### Birth Experience Background

May include births prior to, during, and after training. Clinical training must span at least one year prior to application submission for all types of applicants. All boxes should include a number or a zero.

Attended births as active participant or primary from \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year). Date began doing prenatal exams as primary under supervision: \_\_\_\_\_

	Home	Freestanding Birth Center	Hospital Birth Center	Hospital	Totals
Number Observed					
Number Active Participant					
Number Primary Under Supv. <sup>1</sup>					
Number Primary/Co-Primary					
<b>Total all births attended as Active Participant or Primary =</b>					

	Observed	As Active Participant	As Primary Under Supv. <sup>1</sup>	As Primary/Co-Primary	Totals
Number Transports <sup>2</sup>					
Number Fetal/Neonatal Deaths <sup>3</sup>					
Number Maternal Deaths <sup>3</sup>					

<sup>1</sup>“Primary Under Supervision” means the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice’s performance of skills and decision making.

<sup>2</sup>NARM reserves the right to ask for a brief explanation.

<sup>3</sup>On a separate sheet of paper, please list the cause and a brief description.

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

**Affirmation of Honest Intent of Representation:**

I, \_\_\_\_\_, in applying for North American Registry of Midwives (NARM) Certification, do hereby acknowledge that honesty in relationship to the clients I serve is of utmost importance. I affirm that I, to the best of my ability and professional integrity, will always represent my practice, knowledge, skills, experience and expertise honestly and fairly. hereby acknowledge that I have a method of disclosure for the following: Practice Guidelines, Informed Consent documents, and an emergency care form. I affirm and acknowledge my responsibility to keep each of these items current and to utilize them in my client relationships.

I, \_\_\_\_\_, agree to participate in the grievance mechanism outlined in the *Candidate Information Bulletin* (CIB) if there is ever a need.

I, \_\_\_\_\_, declare and affirm that the statements made in this application, including accompanying statements and documents, are true, complete and correct. I understand that any false or misleading information in connection with my application may be cause for denial or loss of certification.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hold the North American Registry of Midwives (NARM) Board free from any damage or complaint by reason of any action that they take in connection with the grades or grades given with respect to any examination or the failure of said Board to issue me such Certification. I understand that NARM reserves authority to reject applicants and to establish and maintain the standards for certification.