

NARM Inactive Status Form 620

This form must be filled out completely in English in black ink or typed.

First Name: _____ Last Name: _____ Middle Initial: _____

Last 4 digits of Social Security #: _____ Date of Birth: _____

Residence Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Mailing Address*: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

*The address where you can most easily be reached.

Primary phone #: _____ Secondary phone #: _____

Fax #: _____ Email address: _____

CPM #: _____ CPM Expiration Date: _____

Midwives who are listed as inactive:

- May NOT identify themselves as a CPM.
- May not act as a NARM Registered Preceptor.
- Will receive all NARM communications.
- Are bound to all policies regarding Peer Review and the Grievance Mechanism.
- Will be identified as having been certified but currently on Inactive Status if inquiries come in.

The Inactive Status fees are payable by money order or certified check. All fees must be made payable to NARM in U.S. funds. If you wish to pay by credit card, you will receive an invoice by email with a direct link for credit card payment once your application has been received and logged in. Once payment is made, your application will be processed.

Inactive Status form postmarked before the end of the month current certification period ends, **\$55:**

Cashier's check or money order or Credit card

Inactive Status form postmarked within 90 days after your expiration date, **\$105:**

Cashier's check or money order or Credit card

Note: CPMs with Active or Inactive Status expired more than 90 days must re-apply under Recertification After Expiration Form 610.

Brief statement of reasons for Inactive Status (i.e., not currently practicing, taking care of family, etc.):

I affirm that I am electing Inactive Status of my CPM credential and may not use the title of Certified Professional Midwife (CPM) until recertified by the North American Registry of Midwives (NARM).

Signature: _____ Date: _____

This form must be submitted each year to retain Inactive Status. There is a three-year limit for claiming Inactive Status.

Submit completed form and payment to:

NARM Applications; P.O. Box 420; Summertown, TN 38483

Requests mailed to other NARM offices will be returned. Please keep a copy of everything you send to NARM for your records.