

*The North American  
Registry of Midwives  
Certified  
Professional  
Midwife  
(CPM)*

*CPM Recertification  
Application*

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# The Purpose of Recertification Requirements and Time Frames

The purpose of recertification is to encourage CPMs to enhance their knowledge and skills and to promote continued competence by requiring CPMs to demonstrate current levels of knowledge and skills.

To enhance knowledge and skills, NARM requires that CPMs complete continuing education hours and participate in peer review evaluations. Five hours of peer review, in one or more sessions, are required every three years. The continuing education requirements may be met by attaining at least 25 hours of accredited continuing education, or equivalent hours in documented alternatives as identified in the recertification application. The continuing education hours must be related to the field of midwifery, women's health, or the evaluation and care of the newborn. The enhanced competency is measured in the hours of continuing education credit that are received, which include measurable objectives and an assessment of learning outcomes.

In lieu of continuing education, a CPM may demonstrate continued competency by retaking the NARM Examination. The examination must be completed before the certification expiration date as indicated in the recertification application. A passing score on the NARM Examination must be acquired in order to demonstrate current competency for recertification.

Recertification must be documented and submitted every three years. The recertification application is due by the end of the month in which the current certification period ends, which may be found on your certificate or by contacting the NARM Applications Department at [applications@narm.org](mailto:applications@narm.org) or 1-888-426-1280. The rationale for the three-year period is that the core competencies of midwifery do not change significantly on a yearly basis and an acknowledgment that continuing education opportunities are not always available locally on a yearly basis. Every CPM should be able to obtain the required continuing education every three years through attending at least one local, regional, or national workshop. Continuing education is also available online.

**For purposes of NARM Recertification, NARM uses the term "CEU" to refer to required continuing education, which may be documented in hours or in units.**

**1 contact hour is equal to 0.1 units.**

Some continuing education workshops verify attendance based on hours while some verify based on units. In most circumstances 55 minutes in a workshop equals one contact hour or 0.1 unit. For example, a continuing education certificate might grant 8 contact hours or .8 units for the same time frame. NARM requires a total of 25 contact hours of continuing education for recertification which may be documented in a combination of formats (contact hours or units).

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## Requirements for NARM Recertification

- A total of 30 CEUs over three years are required for recertification, including:
  - 25 CEUs in continuing education available in a variety of categories;
  - Five mandatory CEUs in Peer Review participation or in a Peer Review workshop.
- Participation in a cultural competency course/workshop, if not previously submitted.
- CEUs must relate to the field of midwifery, women's health, or the evaluation and care of the newborn. NARM encourages CPMs to broaden their knowledge to include both allopathic and non-allopathic areas of study.
- The CPM must submit the material in its entirety for recertification, including:
  - **Original** Form 600 - photocopies are not accepted;
  - All items listed on Page 1 of Form 600;
  - Copies of all CEU certificates/documentation as stated on the application form.
- Maintain current certification in adult cardio-pulmonary resuscitation (CPR) and neonatal resuscitation.
  - NARM only accepts certification from courses which include a hands-on skills component. Online-only courses are not accepted. Approved cardio-pulmonary resuscitation (CPR) courses include the American Heart Association and the Red Cross. Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada.

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## Instructions for NARM Recertification

1. **Please read all the materials.**
2. All information requested for recertification refers to peer reviews and CEUs completed over the past three years.
3. All forms must be filled out completely in English using black ink or typed.
4. Do not use white-out to make corrections. If you make an error, mark one line through it and initial.
5. Use **only** official NARM forms for all materials submitted. Do not create your own forms. Forms other than NARM forms will not be accepted.
6. Keep a copy of all recertification documentation for your records. If you require a copy of your application from NARM after submission, there is a \$25.00 fee for duplication.
7. Fees are payable by money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. A handling fee of approximately 8% will be added to all credit card transactions. All fees are non-refundable.

Send all documentation and fees to: NARM Recertification, P.O. Box 420, Summertown, TN 38483.

Applications mailed to other NARM offices will be returned.

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## Incomplete Application Policy and Procedures

If items are lacking from the recertification application and/or supporting documentation, the NARM Applications Department will contact the applicant with a deadline for submission of lacking items or incomplete forms. Submission should be made within two weeks, so that completion of recertification and issuance of certificates is not delayed. Applicants are given an opportunity to request an extension prior to their submission deadline. The fee for a recertification extension is \$50.

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## Application Audits

CPMs are randomly audited for quality assurance purposes. Documents required for random audits are Practice Guidelines, Emergency Care Form, Informed Disclosure document (given at initiation of care) and one example of an Informed Consent document (used for shared decision making during care). Audits require submission of documents within two weeks of notification.

# Recertification Form 600, page 1 of 11

All forms must be filled out completely in English in black ink or typed.

Name of Applicant: \_\_\_\_\_ Last 4 digits of SS #: \_\_\_\_\_

**This page must be completed and included with your application.**

**Submit this original Form, all documentation, and the following:**

Recertification fees are payable by money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. A handling fee of approximately 8% will be added to all credit card transactions. All fees are non-refundable. The recertification fee includes one CPM certificate and one wallet card. If you would like to order additional items, please indicate below and include the appropriate fee.

Please indicate which fee submitted:

Recertification form postmarked before the end of month in which current certification period ends:

\$150 cashier's check or money order    or     \$162 credit card payment

Recertification form postmarked within 90 days after your expiration date:

\$200 cashier's check or money order    or     \$216 credit card payment

Additional certificate and wallet card:

\$30 cashier's check or money order    or     \$32 credit card payment

Additional certificate only:

\$20 cashier's check or money order    or     \$22 credit card payment

Additional wallet card only:

\$20 cashier's check or money order    or     \$22 credit card payment

If paying by credit card, please indicate card type\*:     Visa     Mastercard

Credit card #: \_\_\_\_\_ Exp date: \_\_\_\_\_

Name on card: \_\_\_\_\_

\*By providing your credit card details, you are authorizing NARM to process your payment including the 8% handling fee.

A copy of both sides of current, hands-on cardio-pulmonary resuscitation (CPR) certification with applicant's signature on card.

A copy of both sides of current, hands-on neonatal resuscitation course completion card with applicant's signature.

Confirmation of at least 5 CEUs in a Peer Review workshop or 5 hours of Peer Review participation.

Documentation of workshop, course, or module on cultural competency if not previously submitted.

Indicate which recertification route you are taking:

25 hours of continuing education, submitted on Form 600 with copies of all documentation required.

I passed the NARM Written Examination within the past three years:

Date of exam: \_\_\_\_\_ Submit verification of a passing result of the exam.

I understand that I will not be recertified until I have passed the exam and have been notified by the NARM Applications Department.

Keep one copy of all Recertification Forms and documentation for your records.

Send all documentation and fees to: NARM Recertification, P.O. Box 420, Summertown, TN 38483.

Applications mailed to other NARM offices will be returned.

## Recertification Form 600, page 2 of 11

All forms must be filled out completely in English in black ink or typed.

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

Please list any other names on supporting documents: \_\_\_\_\_

Have you registered with NARM under any other name(s)? \_\_\_\_\_

For a name change with NARM, you must send two copies of official documentation of name change (i.e. driver's license, passport, marriage certificate) or one notarized copy of documentation.

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: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CPM#: \_\_\_\_\_

CPM original route of entry:  Entry Level  Experienced Midwife  State Licensed

Internationally Educated Midwife  CNM/CM  MEAC; name of school: \_\_\_\_\_

How many total births have you attended in the last three years? \_\_\_\_\_

Of these births: How many did you attend as the primary midwife? \_\_\_\_\_

How many of these births were at home? \_\_\_\_\_

How many of these births were in a freestanding birth center? \_\_\_\_\_

How many were planned hospital births? \_\_\_\_\_

How many were transports from home/birth center? \_\_\_\_\_

Would you describe your client base as (check all that apply):  Rural  Suburban  Urban

How many hours of peer review did you attend in the past three years? \_\_\_\_\_

What is the average number of other midwives who participate in peer review with you? \_\_\_\_\_

Do you file statistics with MANA?  Yes, beginning what date? \_\_\_\_\_  No

What is your usual fee? \_\_\_\_\_

Do you routinely work with:  An assistant?  An apprentice?  Another midwife?

Are you  Certified?  Licensed?  Registered to practice midwifery?

If yes, in which state/province? \_\_\_\_\_ By what agency? \_\_\_\_\_

Do you get reimbursed by Medicaid?  Yes  No

Do you get reimbursed by insurance?  Usually  Sometimes  Rarely  I don't submit

Are you currently practicing midwifery?  Yes  No

Are you actively involved in:  Midwifery Education?  Midwifery Research?  Midwifery Related Politics?

How many years have you been practicing midwifery? \_\_\_\_\_

Have you been a midwifery preceptor in the past three years?  Yes, # of students: \_\_\_\_\_  No

Please renew or activate my status as a NARM Registered Preceptor. (Attach appropriate form, available at <http://narm.org/preceptors>.)  Renew  Activate  I do not plan to act as a preceptor

NARM is required to confirm the current status of a CPM, and date of issuance of CPM credentials, when contacted for this information. If you wish for NARM to share your contact details with individuals contacting NARM, please complete the Information Release Consent Form downloadable from the NARM website or available from the Applications Department upon request.

## Recertification Form 600, page 3 of 11

All forms must be filled out completely in English in black ink or typed.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

If you are submitting CEUs, use this form below to summarize those hours.

- Also complete and submit the additional forms, which itemize all CEUs received.

Description of CEUs	Maximum CEUs allowed	Number of CEUs
<b>Category 1:</b> Class or coursework that is granted accredited CEUs in the field of midwifery, women's health, or the evaluation and care of the newborn.	25	
<b>Category 2:</b> Class or coursework in the field of midwifery, women's health, or the evaluation and care of the newborn without accredited CEUs.	10	
<b>Category 3:</b> Research, writing, and teaching related to the field of midwifery, women's health, or the evaluation and care of the newborn.	15	
<b>Category 4:</b> Documented self-study or life experience related to the field of midwifery, women's health, or the evaluation and care of the newborn.	5	
<b>Category 5:</b> Serving as a NARM QE, NARM item writer/subject matter expert (beyond workshop), participation in the NARM Accountability Process, and/or serving as a MANA DOR Statistics Reviewer or as a specified MEAC volunteer.	15	
<b>Category 6:</b> Filing MANA statistics forms.	10	
<b>Category 7:</b> Serving as a midwife in an out-of-country maternity center or clinic.	10	
<b>Total number of CEUs submitted</b>		

### Affirmation of Honest Intent of Representation:

I, \_\_\_\_\_, in applying for NARM CPM recertification, 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. I hereby acknowledge that I have a method of disclosure for the following:

- Practice Guidelines;
- Emergency Care Form;
- Informed Disclosure Document (given at initiation of care); and
- Informed Consent Documents (used for shared decision making during care).

I affirm and acknowledge my responsibility to keep each of these items current and to utilize them in my client relationships.

I also 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 loss of certification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## Recertification Form 600, page 4 of 11

*All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.*

### CEU Worksheet for Category 1

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

CEU Category 1; maximum 25 CEUs

**Any class or course work that is granted accredited CEUs in the field of midwifery, women's health, or the evaluation and care of the newborn.**

- CEUs must have been granted by an accrediting organization such as MEAC, ICEA, Lamaze International, ACOG, ACNM, AWHONN, State Health Depts., Nursing or Perinatal Associations, etc.
- Fill out the required information below.
- Attach copies of CEU certificates.

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Total CEUs for Category 1:** \_\_\_\_\_

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## Recertification Form 600, page 5 of 11

*All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.*

### CEU Worksheet for Category 2

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

CEU Category 2; maximum 10 CEUs

**Course work or classes in the field of midwifery, women's health, or the evaluation and care of the newborn without accredited CEUs.**

- Fill out the required information below.
- Include all of the following:
  - Any available documentation of completion (certificate of attendance, letter of verification from instructor, and/or copy of work completed in course).
  - One page summary, written by you, describing the learning objectives, how the learning objectives were met, and the study sources used in the course.

**Course Title:** \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Email or phone number of instructor: \_\_\_\_\_

Number of CEUs (hours in course work): \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Email or phone number of instructor: \_\_\_\_\_

Number of CEUs (hours in course work): \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Email or phone number of instructor: \_\_\_\_\_

Number of CEUs (hours in course work): \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Email or phone number of instructor: \_\_\_\_\_

Number of CEUs (hours in course work): \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Where attended (location of conference, program, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Email or phone number of instructor: \_\_\_\_\_

Number of CEUs (hours in course work): \_\_\_\_\_

**Total CEUs for Category 2:** \_\_\_\_\_



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## Recertification Form 600, page 6 of 11

All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

### CEU Worksheet for Category 3, part 1

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

CEU Category 3; maximum 15 CEUs in any combination

**Part 1: Research and Writing related to the field of midwifery, women's health, or the evaluation and care of the newborn.**

- Fill out the required information below.
- Attach documentation to show your work.
- This may include your articles, thesis, papers, or a summary of each.

**Research or Writing (Published):** 1 CEU per 500 words published; maximum 5 CEUs.

Name of article: \_\_\_\_\_

Name of publication: \_\_\_\_\_

If online, web link to article: \_\_\_\_\_

Date of publication: \_\_\_\_\_ Co-authors (if any): \_\_\_\_\_

Name of article: \_\_\_\_\_

Name of publication: \_\_\_\_\_

If online, web link to article: \_\_\_\_\_

Date of publication: \_\_\_\_\_ Co-authors (if any): \_\_\_\_\_

**Total CEUs for Research or Writing (Published):** \_\_\_\_\_

**Research or Writing (Unpublished):** 1 CEU per 800 words written; maximum 3 CEUs.

Name of article, research paper, etc: \_\_\_\_\_

Name of publication (if submitted): \_\_\_\_\_

Date submitted for publication: \_\_\_\_\_ Date of response from publication: \_\_\_\_\_

Reason for non-publication: \_\_\_\_\_

Co-authors (if any): \_\_\_\_\_

Name of article, research paper, etc: \_\_\_\_\_

Name of publication (if submitted): \_\_\_\_\_

Date submitted for publication: \_\_\_\_\_ Date of response from publication: \_\_\_\_\_

Reason for non-publication: \_\_\_\_\_

Co-authors (if any): \_\_\_\_\_

**Total CEUs for Research or Writing (Unpublished):** \_\_\_\_\_

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## Recertification Form 600, page 7 of 11

*All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.*

### CEU Worksheet for Category 3, part 2

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

CEU Category 3; maximum 15 CEUs in any combination

**Part 2: Teaching related to the field of midwifery, women's health, or the evaluation and care of the newborn. This section is not intended for full-time teaching roles.**

- Fill out the required information below.
- Submit conference program or flyer, CEU form, course outline or letter of verification from sponsoring/ coordinating organization.

**Teaching: Childbirth Education Classes for your clients or others.** CEU credit for preparation and teaching of childbirth classes: 1 CEU per three hours of teaching; maximum 5 CEUs.

Name of class: \_\_\_\_\_

Number of classes taught: \_\_\_\_\_ Number of hours per class: \_\_\_\_\_

Dates of classes: \_\_\_\_\_

Name of class: \_\_\_\_\_

Number of classes taught: \_\_\_\_\_ Number of hours per class: \_\_\_\_\_

Dates of classes: \_\_\_\_\_

**Total CEUs for Teaching: Childbirth Education Classes:** \_\_\_\_\_

**Teaching: Other than Childbirth Education Classes; such as state, regional, or national midwifery conferences, medical or nursing school presentations, high school presentations, etc.** One credit per hour of teaching, no credit for multiple presentations of same topic within a three year period; maximum 5 CEUs.

Name of presentation: \_\_\_\_\_

Date of presentation(s): \_\_\_\_\_

Description of audience and sponsoring organization: \_\_\_\_\_

Name of presentation: \_\_\_\_\_

Date of presentation(s): \_\_\_\_\_

Description of audience and sponsoring organization: \_\_\_\_\_

**Total CEUs for Teaching: Other than Childbirth Education Classes:** \_\_\_\_\_

**Total CEUs for Category 3 (from pages 6 and 7, maximum 15 CEUs):** \_\_\_\_\_

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## Recertification Form 600, page 8 of 11

All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

### CEU Worksheet for Category 4 and 5

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### CEU Category 4; maximum 5 CEUs

##### Self-study or life experience related to the field of midwifery, women's health, or the evaluation and care of the newborn.

- Fill out the required information below.
- Include all of the following:
  - Any documentation you have of your work in this course (i.e. certificate of completion)
  - Attach a typed statement describing at least three learning objectives, how each learning objective was met, and your bibliography.

Description of your self-study/life experience course: \_\_\_\_\_

- 
- Each hour of self-study earns one hour of CEU credit.
  - Every two hours of life experience earns one hour of CEU credit.

**Total CEUs for self-study:** \_\_\_\_\_

**Total CEUs for life experience:** \_\_\_\_\_

**Total CEUs for Category 4:** \_\_\_\_\_

#### CEU Category 5; maximum 15 CEUs total; maximum 5 CEUs in each area.

##### Serving in a Volunteer Capacity:

NARM Qualified Evaluator: Include a copy of letter from NARM; maximum 5 CEUs.

Dates of Skills Assessment(s): \_\_\_\_\_

**Total CEUS for NARM Qualified Evaluator:** \_\_\_\_\_

NARM Item Writer or Subject Matter Expert (beyond workshop): Include any documentation or letter from NARM; maximum 5 CEUs.

Describe activity: \_\_\_\_\_

**Total CEUS for Item Writer or Subject Matter Expert:** \_\_\_\_\_

Participation in the NARM Accountability Process: Include a copy of letter or certificate from NARM; maximum 5 CEUs.

**Total CEUS for NARM Accountability Process:** \_\_\_\_\_

Serving as a MANA DOR Statistics Reviewer: Include any documentation available; maximum 5 CEUs.

**Total CEUS for MANA DOR Statistics Reviewer:** \_\_\_\_\_

Serving as a volunteer for the Midwifery Education Accreditation Council (MEAC) as a CEU reviewer or as an Accreditation Review Committee member: Include official certificate from MEAC verifying category and hours; maximum 5 CEUs.

**Total CEUS for MEAC volunteer:** \_\_\_\_\_

Completing the 2016 Job Analysis survey: Include certificate from NARM; maximum 3 CEUs.

**Total CEUs for 2016 Job Analysis survey:** \_\_\_\_\_

**Total CEUs for Category 5:** \_\_\_\_\_

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## Recertification Form 600, page 9 of 11

*All forms must be filled out completely in English in black ink or typed.*

### CEU Worksheet for Category 6 and 7

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### CEU Category 6; maximum 10 CEUs

##### Filing statistics forms with the MANA Division of Research (DOR):

- You must provide your midwife code. In keeping with the DOR's confidentiality policy, no information other than verification will be shared with NARM.
- You will receive one CEU for each ten statistics forms submitted.

Number of statistics forms filed in this three year time period: \_\_\_\_\_

Midwife code or number for MANA statistics: \_\_\_\_\_

**Total CEUs for Category 6:** \_\_\_\_\_

#### CEU Category 7; maximum 10 CEUs

##### Service in an Out-Of-Country (OOC) maternity center or clinic.

A CPM may claim up to ten credit hours/CEUs for services in a maternity center or clinic outside of the United States and Canada. In preparation for serving in an OOC clinical site, NARM recommends taking a cultural preparation course.

- Services may be in any role (observer, assist or primary) for prenatal exams, births or postpartum exams.
- Service must occur during the three years prior to submitting the recertification application.
- Service should include volunteer service for a minimum of five days.
- Five credit hours/CEUs will be granted for each five days of service.

To submit CEUs, complete the section below and submit all of the following:

- Letter on center/clinic letterhead from the Clinic Director or Administrator detailing dates of service.
  - Alternatively, the Clinic Director or Administrator may email NARM directly at [applications@narm.org](mailto:applications@narm.org).
- One-page description of activities and any learning outcomes achieved during service.

**Five day period** from: \_\_\_\_\_ to: \_\_\_\_\_

Name of OOC center/clinic: \_\_\_\_\_

Address of OOC center/clinic: \_\_\_\_\_

Clinic Director or Administrator: \_\_\_\_\_

Email of Clinic Director or Administrator: \_\_\_\_\_

**Five day period** from: \_\_\_\_\_ to: \_\_\_\_\_

Name of OOC center/clinic: \_\_\_\_\_

Address of OOC center/clinic: \_\_\_\_\_

Clinic Director or Administrator: \_\_\_\_\_

Email of Clinic Director or Administrator: \_\_\_\_\_

**Total CEUs for Category 7:** \_\_\_\_\_

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## Recertification Form 600, page 10 of 11

All forms must be filled out completely in English in black ink or typed.

### CEU Worksheet for Peer Review

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Peer Review, mandatory five hours

##### Peer Review Participation or attending a Peer Review Workshop.

- One hour of credit is earned for each hour spent in peer review participation or in the peer review workshop.

##### Peer Review Participation

- Complete chart below.

Date of peer review									
Number of participants									
Number of cases presented									
Number of hours									

**Total Peer Review Participation hours:** \_\_\_\_\_

##### Peer Review Workshop

- Include any documentation of workshop (certificate of completion or attendance, letter of verification of attendance).

**Course Title of Peer Review Workshop:** \_\_\_\_\_

Date attended: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_

Instructor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Course Title of Peer Review Workshop:** \_\_\_\_\_

Date attended: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_

Instructor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Course Title of Peer Review Workshop:** \_\_\_\_\_

Date attended: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_

Instructor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Total Peer Review Workshop hours:** \_\_\_\_\_

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## Recertification Form 600, page 11 of 11

*All forms must be filled out completely in English in black ink or typed.*

### Documentation of Cardio-Pulmonary Resuscitation (CPR) Certification, Neonatal Resuscitation Course Completion and Cultural Competency Requirement

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Cardio-Pulmonary Resuscitation (CPR) Certification:

- All recertifying CPMs must submit a copy of the front and back of their current cardio-pulmonary resuscitation (CPR) card.
- All courses must include hands-on skills.
- Online only courses are not accepted.
- Approved cardio-pulmonary resuscitation (CPR) courses include the American Heart Association and the Red Cross.

Please indicate which of the following cardio-pulmonary resuscitation (CPR) providers issued the enclosed cardio-pulmonary resuscitation (CPR) documentation:

American Heart Association

Red Cross

Other: \_\_\_\_\_

Expiration date on card: \_\_\_\_\_

#### Neonatal Resuscitation Course Completion Card:

- All recertifying CPMs must submit a copy of the front and back of their current neonatal resuscitation card.
- All courses must include hands-on skills.
- Online only courses are not accepted.
- Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada.

Please indicate which of the following neonatal resuscitation course providers issued the enclosed neonatal resuscitation documentation:

American Academy of Pediatrics

Canadian Paediatric Society

Other: \_\_\_\_\_

Expiration date on card: \_\_\_\_\_

#### Cultural Competency Requirement:

- All recertifying CPMs must submit documentation of a workshop, course or module on cultural competency; if not previously submitted. This is a one-time only requirement.
- Courses must have occurred in the past ten years.
- A certificate of completion/attendance or CEU certificate must be included.
- If the course was awarded CEUs by an accrediting organization, CEUs may be counted below.

Course Title: \_\_\_\_\_

Provider/organization name: \_\_\_\_\_

Where attended (location of conference, workshop, etc.): \_\_\_\_\_

Date attended: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_