



*CPM Recertification after
Expiration Application*

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.

CPMs who are recertifying after expiration must retake the NARM Examination if they do not hold a current state licensure or AMCB certification.

Recertification must be documented and submitted every three years. The recertification application is due by the expiration date, which may be found on your certificate or by contacting the NARM Applications Department at applications@narm.org or 1-888-842-4784. 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.
- Documentation of workshop, course, or module on cultural awareness within the last three years.
- 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 610 - photocopies are not accepted;
 - All items and requirements listed on Page 4;
 - Copies of all CEU certificates/documentation as stated on the application form.
- Maintain current certification in adult cardio-pulmonary resuscitation (CPR) and NRP as described in the NARM CIB.
 - To fulfill the NARM NRP requirement, CPMs/students must complete NRP Advanced (Lessons 1-11).

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 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. 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. All fees are non-refundable.
8. All information and documentation requested for births completed refers to activities over the past five years.

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

Applications mailed to other NARM offices will be returned.

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 \$55.

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 after Expiration Form 610, page 1 of 12

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/business checks are not accepted. All fees must be made payable to NARM in U.S. funds. All fees are non-refundable. 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. 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 after expiration form including NARM Examination,

\$790:

☐ Cashier's check or money order or ☐ Credit card payment

☐ Recertification after expiration form with current state license or current CNM/CM certification,

\$265:

☐ Cashier's check or money order or ☐ Credit card payment

☐ Additional certificate and wallet card,

\$35:

☐ Cashier's check or money order or ☐ Credit card payment

☐ Additional certificate only,

\$25:

☐ Cashier's check or money order or ☐ Credit card payment

☐ Additional wallet card only,

\$25:

☐ Cashier's check or money order or ☐ Credit card payment

☐ 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 NRP course completion card with applicant's signature.

☐ Confirmation of at least 5 hours of Peer Review participation.

☐ 25 hours of continuing education, submitted on Form 610 with copies of all documentation required.

☐ Documentation of five OOH births within the last five years prior to submission of this application.

Indicate which option below:

☐ Submit a copy of current state licensure or AMCB certification.

☐ Retake the NARM Examination; current retake fee will apply.

I understand that I will not be recertified until I 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 after Expiration Form 610, page 2 of 12

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 submit a copy of one photo ID: Driver's license, passport, or other government issued photo ID card; or submit two of the following documents: Social security card, divorce decree stating name change, marriage stating name change, or other court documents of name change.

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? _____

What is your usual fee? _____

Do you routinely work with: ☐ An assistant? ☐ A student? ☐ 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? _____

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 for PEP students.

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 after Expiration Form 610, page 3 of 12

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
Category 1: 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	
Category 2: Class or coursework in the field of midwifery, women's health, or the evaluation and care of the newborn without accredited CEUs.	10	
Category 3: Research, writing, and teaching related to the field of midwifery, women's health, or the evaluation and care of the newborn.	15	
Category 4: Documented self-study or life experience related to the field of midwifery, women's health, or the evaluation and care of the newborn.	5	
Category 5: Serving as a 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	
Category 6: Filing statistics	10	
Category 7: Serving as a midwife in an out-of-country maternity center or clinic.	10	
Total number of CEUs submitted		

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: _____

Recertification after Expiration Form 610, page 4 of 12

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, ACOG, ACNM, AWHONN, AAFP, State Health Departments, Nursing or Perinatal Associations.
- CEUs taught by midwifery associations or non-accredited educational programs **will not count** unless accredited as CEUs by a third party.
- Fill out the required information below.
- Attach copies of CEU certificates which **must** include the title of the course, instructor signature, accrediting agency, and number of credit hours.

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: _____

Recertification after Expiration Form 610, page 5 of 12

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 (Recertification applications received before January 1, 2022 may use up to 20 CEUs in this category.)

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 any available documentation of completion (certificate of attendance, letter of verification from instructor, or copy of work completed in 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: _____

Recertification after Expiration Form 610, page 6 of 12

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): _____

Recertification after Expiration Form 610, page 7 of 12

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): _____

Recertification after Expiration Form 610, page 8 of 12

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 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: _____

Total CEUs for Category 5: _____

Recertification after Expiration Form 610, page 9 of 12

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) or the AABC Perinatal Data Registry (PDR):

- You must provide your MANA Statistics Project midwife code or Perinatal Data Registry username. For confidentiality, 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/PDR 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.
- 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: _____

Recertification after Expiration Form 610, page 10 of 12

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 Participation, mandatory five hours

- One hour of credit is earned for each hour spent in peer review participation.
- A minimum of three midwives should be involved in each Peer Review session.
- Complete the chart below.

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

Total Peer Review Participation hours: _____

Recertification after Expiration Form 610, page 11 of 12

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 Awareness 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 Awareness Requirement:

- All recertifying CPMs must submit documentation of a workshop, course, or module on cultural awareness within the last three 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: _____

Recertification after Expiration Form 610, page 12 of 12

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

Documentation of Births

Applicant's Name: _____ Date: _____

- List five Out-of-hospital (OOH) births attended in the last five years, in any capacity, on this form in chronological order.
- All spaces must be completed and signed by a witness who was present at the birth.
- All contact details for witnesses must be completed.
- Original charts should be kept by the recertification applicant.

Birth #	Client # or Code	Date of Birth	Birth Site ¹	Applicant's role at birth and outcome	Witness ² Initials
1					
2					
3					
4					
5					

¹Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **O** = Other (car, outside, etc.)

²Witness: Anyone other than the recertification applicant who was present at the birth.

Print name, address and telephone number of each Witness ² noted above.
Birth #1 Witness:
Birth #2 Witness:
Birth #3 Witness:
Birth #4 Witness:
Birth #5 Witness: