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# Letter of Reference Form 101a, Personal

## Page 1 of 2

Dear \_\_\_\_\_,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. Attach additional pages if necessary. Mail to:  
NARM Applications, PO Box 420, Summertown, TN 38483

This letter of reference is **confidential** and will not be released to the applicant.

Thank you very much.

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

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

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Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

If we feel a phone call is necessary, what is a good time to reach you? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgement	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: \_\_\_\_\_



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# Letter of Reference Form 101b, Professional

## Page 1 of 2

Dear \_\_\_\_\_,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. You may attach additional pages if necessary.

Mail to:

NARM Applications, PO Box 420, Summertown, TN 38483

This letter of reference is **confidential** and will not be released to the applicant.

Thank you very much.

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

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

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Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

If we feel a phone call is necessary, what is a good time to reach you? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

When was the last time you observed or worked beside the applicant? \_\_\_\_\_

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgement	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: \_\_\_\_\_

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3. Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
4. Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
5. Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.

I, \_\_\_\_\_, do hereby affirm that the information and personal accounts herein contained concerning \_\_\_\_\_ (name of applicant) are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Letter of Reference Form 101c, Client

## Page 1 of 2

Dear \_\_\_\_\_,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. You may attach additional pages if necessary.

Mail to:

NARM Applications, PO Box 420, Summertown, TN 38483

This letter of reference is **confidential** and will not be released to the applicant.

Thank you very much.

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

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

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Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

If we feel a phone call is necessary, what is a good time to reach you? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Site of Birth: \_\_\_\_\_

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgement	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: \_\_\_\_\_

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**Letter of Reference Form 101c, Client Page 2 of 2**

3. Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
4. Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
5. Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.

I, \_\_\_\_\_, do hereby affirm that the information and personal accounts herein contained concerning \_\_\_\_\_ (name of applicant) are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_