

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

CPM Recertification Application

The Purpose of Recertification Requirements and Time Frames

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

To enhance knowledge and skills, NARM requires that CPMs attend continuing education workshops 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 brochure. The continuing education sessions must be related to 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 re-taking the NARM Written Examination. The examination, which is given in February, August, and at the MANA conference in the fall, must be completed before the certification expiration date as indicated in the recertification brochure. The continued competency of a CPM is measured by the demonstration of current knowledge as measured by a passing score on the Written Examination.

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 the mailing label of the *CPM Newsletter* or by calling NARM at 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. The NARM Board feels that 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.

CPMs are randomly audited for practice guidelines, informed consent documents, and emergency care plans. Audits require submission of required information within two weeks of notification.

For purposes of NARM Recertification, one contact hour equals one CEU.

Requirements for NARM Recertification

- A total of 30 CEUs over three years are required for recertification, including five mandatory CEUs in Peer Review and 25 CEUs in a variety of other categories.
- Each hour spent in continuing education is equal to one CEU hour.
- CEUs must relate to midwifery or women's health. NARM encourages CPMs to broaden their knowledge to include both allopathic and non-allopathic areas of study.
- Each CPM must complete this form and attach all pertinent documentation. The CPM must submit the material in its entirety for Recertification.
- For Peer Review, obtain at least five CEUs in a Peer Review workshop **or** five hours of Peer Review participation
- Maintain CPR Certification and Neonatal Resuscitation

Instructions for NARM Recertification

1. **Please read all the materials.**
2. All information requested for recertification refers to births, peer reviews, and preceptorships completed over the past three years.
3. All forms must be filled out completely in English in 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.**
6. Make copies of all forms before entering information.
7. Complete Recertification **CEU Form 600**. ***Submit all related CEU and peer review documentation with your recertification application.***
8. Send the original **Recertification Form 600, all documentation**, and one copy of your adult CPR and Neonatal Resuscitation certification document, front and back.
9. Keep a copy of **all recertification documentation** for your records.
10. All fees must be paid in U.S. funds, by certified check or money order, and made payable to NARM. No personal checks will be accepted.

Send all documentation and fees to:

NARM Recertification
PO Box 420
Summertown, TN 38483

Recertification Form 600, page 1 of 8

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

Name of Applicant: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Submit original Recertification Form, all documentation, and the following:

Recertification Fee in **certified check or money order (no personal checks will be accepted) in U.S. funds** (check which fee applies):

- Recertification form postmarked before your expiration date: \$150
- Recertification form postmarked within 90 days after your expiration date: \$200
- Recertification form submitted when returning to Active Status from Inactive Status: \$150

The recertification fee includes one CPM certificate and one wallet card. If you would like additional items, check and include the appropriate additional fee:

- Additional certificate and wallet card: \$20
- Additional certificate: \$12
- Additional wallet card: \$12

A copy of both sides of **current** Adult CPR and Neonatal Resuscitation Certification with applicant's signature on back of card.

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

- Attended Peer Review workshop on date: _____ for how many hours _____.
- Participated in Peer Review for how many hours _____.

Choose from:

25 additional hours of continuing education, documented on Form 600 *with copies of all documentation included with your recertification application.*

or

Re-take the NARM Written Examination

I re-took the NARM Written Exam within the past year, date of exam _____

Location exam taken _____

Verification of passing the exam must be enclosed.

or

I intend to re-take the NARM Written exam within the next year.

Date of intended exam _____

Location of exam (if known) _____

I understand that I will not be considered recertified until I have passed the exam and notified the Recertification office.

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

For purposes of NARM Recertification, one contact hour equals one CEU.

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General Information

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

Any other names listed on supporting documents: _____

Residence Address: _____ City: _____

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

Mailing Address¹: _____ City: _____

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

¹The address where you can most easily be reached.

Social Security #: _____ Date of Birth: _____ Age: _____

Home phone: _____ Cell/Work phone: _____ Fax #: _____

E-mail address: _____ CPM#: _____

Route of entry you received your CPM: Entry Level Experienced Midwife Internationally Educated Midwife State Licensed CNM/CM MEAC (name of school: _____)

Have you registered with NARM under any other names? _____

For name change with NARM, you must send a copy of official documentation.

Demographic Information

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

In what 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

Do you wish for NARM to release your name to people who call us for the names of midwives in your area? Yes No

Recertification Form 600, page 3 of 8

Applicant's Name: _____ Date: _____

CEUs or Re-take the NARM Written Exam

You have the option of documenting 25 hours of continuing education or retaking the NARM Written Exam. If you choose to use CEUs, use this form below to summarize those hours. Also complete and submit the later forms which itemize all CEUs received.

Description of CEUs	Number of CEUs
Category 1: Any class or course work that is granted CEUs in a health profession relevant to women's health or midwifery. (maximum 25 CEUs)	_____
Category 2: Course work or classes in women's health and midwifery or in related fields without accredited CEUs. (maximum 10 CEUs)	_____
Category 3: Research, Writing, and Teaching related to the field of midwifery or women's health (maximum 15 CEUs)	_____
Category 4: Documented self study or life experience related to the field of midwifery or women's health (maximum 5 CEUs)	_____
Category 5: Serving as a NARM QE, NARM Item writer/Subject matter expert (beyond workshop) and/or NARM Accountability process. (maximum 15 CEUs)	_____
Category 6: Filing MANA statistics forms, midwife code _____ (maximum 10 CEUs)	_____
<hr/>	
Total CEUs earned in this three year period	_____

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, Informed Consent documents, and an emergency care plan. 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 CPM _____ Date

Recertification Form 600, page 4 of 8
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 a health profession relevant to women's health or midwifery. CEUs must have been granted by an accrediting organization such as MEAC, ICEA, Lamaze International, ACOG, ACNM, AWHON, State Health Departments, Nursing or Perinatal Associations, etc. Fill out the required information below and attach copies of CEU certificates. Space is provided for five listings. If space is needed for further listings, please copy this page or use another sheet.

Course Title _____

What organization approved credit for this course? _____

Where did you attend this course (location of conference, school, program, etc.)? _____

Date attended _____ Instructor/sponsor _____

Number of CEUs granted _____

Course Title _____

What organization approved credit for this course? _____

Where did you attend this course (location of conference, school, program, etc.)? _____

Date attended _____ Instructor/sponsor _____

Number of CEUs granted _____

Course Title _____

What organization approved credit for this course? _____

Where did you attend this course (location of conference, school, program, etc.)? _____

Date attended _____ Instructor/sponsor _____

Number of CEUs granted _____

Course Title _____

What organization approved credit for this course? _____

Where did you attend this course (location of conference, school, program, etc.)? _____

Date attended _____ Instructor/sponsor _____

Number of CEUs granted _____

Course Title _____

What organization approved credit for this course? _____

Where did you attend this course (location of conference, school, program, etc.)? _____

Date attended _____ Instructor/sponsor _____

Number of CEUs granted _____

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CEU Worksheet for Category 2

Applicant's Name: _____ Date: _____

CEU Category 2, *maximum 10 CEUs* —

Course work or classes in women's health, midwifery, or related fields that are not granted accredited CEUs. Include any available documentation of completion (certificate of attendance, letter of verification from instructor, copy of work completed in course). Attach a one page description of the learning objectives, how the learning objectives were met, and the study sources used in the course. Space is provided for seven listings. If space is needed for further listings, please copy this page or use another sheet.

Course Title _____

Date attended _____ Instructor/sponsor _____

Contact for verification _____ Phone _____

Number of CEUs (hours in course work) _____

Course Title _____

Date attended _____ Instructor/sponsor _____

Contact for verification _____ Phone _____

Number of CEUs (hours in course work) _____

Course Title _____

Date attended _____ Instructor/sponsor _____

Contact for verification _____ Phone _____

Number of CEUs (hours in course work) _____

Course Title _____

Date attended _____ Instructor/sponsor _____

Contact for verification _____ Phone _____

Number of CEUs (hours in course work) _____

Course Title _____

Date attended _____ Instructor/sponsor _____

Contact for verification _____ Phone _____

Number of CEUs (hours in course work) _____

Course Title _____

Date attended _____ Instructor/sponsor _____

Contact for verification _____ Phone _____

Number of CEUs (hours in course work) _____

Course Title _____

Date attended _____ Instructor/sponsor _____

Contact for verification _____ Phone _____

Number of CEUs (hours in course work) _____

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CEU Worksheet for Category 3

Applicant's Name: _____ Date: _____

**CEU Category 3, *maximum 15 CEUs in any combination in Category 3* —
Research, Writing, and Teaching related to the field of midwifery or women's health.** Attach documentation to show your work. This may include your articles, thesis, papers, or a summary of each. List when and where published or submitted.

Course Title _____
Date attended _____ Instructor/sponsor _____
Contact for verification _____ Phone _____
Number of CEUs (hours in course work) _____

Course Title _____
Date attended _____ Instructor/sponsor _____
Contact for verification _____ Phone _____
Number of CEUs (hours in course work) _____

Course Title _____
Date attended _____ Instructor/sponsor _____
Contact for verification _____ Phone _____
Number of CEUs (hours in course work) _____

Course Title _____
Date attended _____ Instructor/sponsor _____
Contact for verification _____ Phone _____
Number of CEUs (hours in course work) _____

Course Title _____
Date attended _____ Instructor/sponsor _____
Contact for verification _____ Phone _____
Number of CEUs (hours in course work) _____

Course Title _____
Date attended _____ Instructor/sponsor _____
Contact for verification _____ Phone _____
Number of CEUs (hours in course work) _____

Course Title _____
Date attended _____ Instructor/sponsor _____
Contact for verification _____ Phone _____
Number of CEUs (hours in course work) _____

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CEU Worksheet for Category 4, 5, and 6

Applicant's Name: _____ Date: _____

CEU Category 4, *maximum 5 CEUs* —

Self study or life experience related to the field of midwifery or women's health

Title of your self study/life experience course _____

How many hours did you spend meeting your learning objectives?

Each hour of self-study earns one hour of CEU credit.

Number of CEUs earned through self study _____

Every two hours of life experience earns one hour of CEU credit.

Number of CEUs earned through life experience _____

Include all documentation you have of your work in this course. Attach a typed statement describing at least three learning objectives, how each learning objective was met, and your bibliography.

CEU Category 5, *maximum 15 CEUs total for this category with a maximum of 5 in each area* —

Serving in a Volunteer Capacity:

NARM QE: Dates of Skills Assessment(s) _____

CEU hours as NARM QE (*maximum 5*) _____

NARM Item writer/Subject matter expert (beyond workshop),
describe activity _____

CEU hours as Item writer/Subject matter expert (*maximum 5*) _____

NARM Accountability process, attach a copy of letter or certificate from NARM.

CEU hours working with the NARM Accountability Process (*maximum 5*) _____

Completion of the 2008 Job Analysis Survey.

CEU hours from completion of the 2008 Job Analysis Survey (*maximum 5*) _____

Serving as a MANA DOR Statistics Reviewer.

CEU hours serving as a MANA DOR Statistics Reviewer . . . (*maximum 5*) _____

Participation in the October 13, 2010 Focus Groups

(MANA Conference) (*maximum 5*) _____

TOTAL CEUs in Category 5. (*maximum 15*) _____

CEU Category 6, *maximum 10 CEUs* —

Filing statistics forms with the MANA Division of Research.

If claiming CEUs from Category 6, 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.

Years statistics filed _____

Number of statistics forms filed in this three year time period _____

Midwife code or number for MANA statistics _____

Number of CEUs from MANA Statistics (*maximum 10*) _____

Recertification Form 600, page 8 of 8
CEU Worksheet for Peer Review

Applicant's Name: _____ Date: _____

Peer Review, Mandatory five hours—

Participating in Peer Review or attending a Peer Review workshop.

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

Peer Review

Date of Peer Review:									
Number participating midwives:									
Number cases presented:									
Number hours:									

Total Number of hours for Peer Review participation. _____

Peer Review Workshop

Course title of Peer Review workshop _____

Date attended _____ Hours for this workshop _____

Instructor _____

Contact for verification _____ phone _____

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

Course title of Peer Review workshop _____

Date attended _____ Hours for this workshop _____

Instructor _____

Contact for verification _____ phone _____

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

Total Number of hours for attending Peer Review workshop _____

Total Number of hours for Peer Review. (mandatory 5 hours) _____

Directory

NARM Inquiries

Debbie Pulley, CPM
info@narm.org
www.narm.org
888-842-4784 (E)

NARM Applications

PO Box 420
Summertown, TN 38483
applications@narm.org
888-426-1280

Midwives Alliance of North America Information

611 Pennsylvania Ave, SE #1700
Washington, DC 20003-4303
info@mana.org
www.mana.org
888-923-MANA (888-923-6262) (C)

Midwifery Education Accreditation Council

*For information about MEAC Accredited
midwifery programs*
PO Box 984
La Conner WA 98257
info@meacschools.org
www.meacschools.org
360-466-2080 (M)

revised April 2011

Time Zones



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