

Application and Candidate Information Booklet Order Form

CPM Application Packet (for all routes of entry) includes the Candidate Information Bulletin (CIB) -- \$50.00

Candidate Information Bulletin only -- \$10.00

Please print while filling out the following in black ink.

Name: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal code: _____

Phone (home): _____ Phone (cell): _____

Social Security Number: _____ Date: _____

Attached is my non-refundable:

(NARM does not accept personal checks. Personal or business checks will be returned.)

Certified Check, or

Money Order made out to the North American Registry of Midwives (NARM) in U.S. funds, or

Please charge* this to my Visa or MasterCard.

Card Number _____ exp. date _____

Signature _____

*There will be handling fee for all credit card requests and any application mailed outside the United States. Please contact the Applications Department with questions.

Mail this form and the accompanying fee to:

NARM Applications PO Box 420 Summertown, TN 38483

Phone: 888-426-1280/Fax: 931-964-4204/Email: applications@narm.org