

North American Registry of Midwives

2013 Annual Report

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This annual report can also be found on the web at www.narm.org.

North American Registry of Midwives

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Board Members 2013

NARM Board of Directors

Ida Darragh LM, CPM

*Chairperson
Testing*

Shannon Anton LM, CPM

*Vice-Chairperson
Accountability*

Carol Nelson LM, CPM

*Treasurer
Applications*

Debbie Pulley LM, CPM

*Secretary
Public Education & Advocacy*

Brynne Potter LM, CPM

Newsletter

Miriam Atma Khalsa CPM

Policies and Procedures

Tomasina Oliver LM, CPM

Elan McAllister

Public Member



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Executive Summary

Ida Darragh CPM, Chairperson

The North American Registry of Midwives (NARM) is the leading certification agency for direct-entry midwifery in the United States. The NARM Certification credential and/or the NARM Written Examination are required for licensure in most of the states that license direct-entry midwives, and in all the states that license midwives specifically for out-of-hospital birth. NARM's midwifery certification is a state-of-the-art, legally defensible certification program. NARM's CPM certification program is accredited by the National Commission for Certifying Agencies (NCCA), the accrediting division of the Institute for Credentialing Excellence (ICE). ICE/NCCA accreditation means that our certification process was reviewed in detail and meets or exceeds the standards set by ICE for certifying agencies. The NARM Board is responsible for overseeing the operations of the certification program, including processing applications and recertifications, test development and administration, finances, accountability,

public education and advocacy, communicating with certificants, and maintaining up-to-date policies and procedures for all departments.

NARM contracts with Dr Gerald Rosen for psychometric oversight and guidance. NARM maintains a web site (www.narm.org) for distributing information to candidates, certificants, and the general public. In 2013, the NARM Test Department, under the direction of Ida Darragh, oversaw the administration of the NARM Written Examination to 372 certification or licensure candidates.

NARM participates in several major conferences each year representing the CPM credential via attendance, sponsoring an educational booth, or teaching workshops. In 2013, NARM representatives participated in public education about midwifery in exhibit booths at these conferences: The Midwives Alliance of North America (MANA), the American Public Health Association (APHA), the American College of Nurse-Midwives (ACNM), and the National Conference of State Legislators (NCSL).

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NARM representatives attended or presented at additional conferences, such as the Home Birth Consensus Summit, the American Association of Birth Centers, the US MERA workgroup, the Institute for Credentialing Excellence (ICE), and the Council for Licensure, Enforcement, and Regulation (CLEAR), and the Institute of Medicine conference on Place of Birth.

NARM presented workshops related to preceptor-apprentice relationships, charting, ethics, statistics, and legislation, and/or Qualified Evaluator training to several midwifery groups, including in Colorado, Arizona, and Michigan. The NARM Test Department also participated on the Standards Revision Committee for the Institute for Credentialing Excellence and the Council on Licensure, Enforcement, and Regulation. As chair, Ida also spoke at the annual conference of the Institute for Credentialing Excellence on Effective Discipline for Certification Agencies.

The NARM Applications Department is under the direction of Carol Nelson, with assistance in

evaluating and processing applications by Sally Nelson and Kate Foreman and several part-time assistants. The NARM Applications Department reports that the number of printed applications mailed continues to drop as more applicants choose to download application materials from the web. The total number of new CPM certifications issued in 2013 was 257, and 373 recertifications were issued. Of the CPMs who were due for recertification but did not recertify, 70 claimed Inactive Status, and 572 credentials expired. The total number of midwives who have received the CPM certification by the end of 2013 is 2454.

Treasurer Carol Nelson reports that NARM is financially solvent. NARM's income is received from NARM application and recertification fees and from test sales to candidates taking the exam for licensure. The total income during 2013 was \$385,395. Normal operating expenses ran 404,081. Profits from other years is set aside for years when expenses are higher than income, and for future projects such as updating the

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website, purchasing office equipment, or planning for the Job Analysis

Shannon Anton directs NARM's Accountability Department, which handles complaints against CPMs and follows a formal Grievance Mechanism. Complaints are handled first in local peer review and then by the NARM Grievance Mechanism, if needed. This process has worked exceptionally well in the resolution of grievances and in assuring the accountability of CPMs. In 2014, NARM processed two new complaints. One was processed through Complaint Review, and the other is still in process. Since 1995, NARM has addressed 32 complaints through the accountability process. Six CPM credentials have been revoked.

Debbie Pulley, in Public Education and Advocacy, also acts as secretary to the board. She handles hundreds of phone calls and e-mails every month from CPMs, candidates, and the general public. She keeps the board minutes of the weekly board conference calls and any other board meetings. Debbie manages the web site

and all of NARM's documents including the Application Packet and the Candidate Information Bulletin.

Elan Vital McAllister is the public member of the NARM Board. Elan is the director of Choices in Childbirth in New York City and serves as a public advocate for birth options and as a doula.

Miriam Khalsa is responsible for keeping records of all policy decisions made by the board during our weekly phone calls and twice-yearly board meetings. She organizes all current policies that define how NARM operates.

In 2013, NARM welcomed a new board member, Tomasina Oliver, from Washington, DC.

The NARM Board met for two face-to-face meetings, in April and October, and participated in weekly conference calls.



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NARM Income and Expenses

Carol Nelson LM, CPM, Treasurer

The year 2013 was a good year for NARM from a fiscal standpoint. The certification process has taken a lot of financial resources and continues to take more as we grow in numbers. Our total income for 2013 was \$385,395, though expenditures totaled 404,081. Savings offset years when expenses are higher than income.

NARM's main sources of income are from Test Sales and Applications. Applications include requests for processing applications, certifications, and recertifications. Our income from the Applications Department in 2013 was \$318,336. Test Sales are from the states that use the NARM exam in their Licensures/Certification process. Income from the Test Department in 2013 was \$67,059.

As the Treasurer for NARM, I believe meeting current expenses and planning for anticipated future expenses is the only fiscally responsible

way to run our organization. We need to not only cover current costs, but we must think ahead to future projects, both mandated and innovative, and must therefore ensure that reserve funds are available for those projects. The Job Analysis is one such project; to remain state of the art in testing, this is a must. Buying and maintenance of the Applications Department Building is another. Other projects include continued work on our test development such as Item Writing and Cut Score Workshops, recertification work with the Qualified Evaluators and the Skills Assessments, education, the Eligibility Review Process, advocacy and participation in national and international midwifery initiatives.

Our expenses are set to allow for an annual increase in net assets, so that NARM establishes a reserve fund for mandated large projects such as the five-year job analysis and online item writing and cut-score workshops. A few of our main expenses are: Employees and Consultants that run our Applications Office and the Testing Company we work with, Printing, Postage, Tele-

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phone, Conference Fees (going to conferences to promote CPMs and the Midwives Model of Care, education and advocacy initiatives), Dues/Membership in organizations such as the Institute for Certifying Excellence (ICE), American Public Health Association, CLEAR, Insurance, Legal Fees to be sure we stay Legally Defensible, Office Expenses and Supplies.

North American Registry of Midwives uses Quickbooks for accounting.

We are looking forward to NARM's continued growth in 2014.

With the growth of our certification process and more Certified Professional Midwives each year, we feel honored to be doing our part to move midwifery forward and to promote the Midwives Model of Care as a viable option for women and families through out North America.



NARM Accountability Committee

*Shannon Anton LM, CPM,
Director of Accountability*

NARM Accountability Committee follows Complaint Review and Grievance Mechanism policies to address complaints against CPMs and CPM applicants. Legal advice is sought when appropriate. NARM Board receives regular updates regarding the activities of Accountability Committee.

NARM accountability processes work to address concerns regarding competent midwifery practice. The NARM Board reserves the right to evaluate, in its sole discretion, the appropriate application of NARM's Complaint Review and Grievance Mechanism. Complaints received by the NARM Board that do not involve issues relating to competent midwifery practice will not be addressed through NARM Complaint Review or Grievance Mechanism.

NARM will not begin the processes of Complaint Review or Grievance Mechanism with a

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CPM who is also facing regulatory investigation or civil or criminal litigation. NARM will apply these processes only after such proceedings are concluded. It is the responsibility of the complainant to notify NARM within 90 days of the conclusion of proceeding.

Participation in peer review or peer review education is mandatory for CPM recertification. The CPM credential is renewed every three years. A CPM with inactive or expired status is bound by all policies regarding NARM Community Peer Review, Complaint Review, and Grievance Mechanism. Failure to respond to a complaint will result in revocation of the credential.

Participation in NARM Complaint Review or Grievance Mechanism is mandatory for a CPM applicant named in a complaint. Since the beginning of the CPM credential in 1995 through 2013, this committee has addressed complaints through NARM Complaint Review 22 times and through NARM Grievance Mechanism nine times. One complaint against a CPM Applicant was confidentially addressed through

a committee of Board members utilizing the Complaint Review process. Four CPM credentials have been revoked due to noncompliance with Grievance Mechanism outcomes. Two CPM credentials were revoked due to lack of participation in response to complaints. After confirming falsification of CPM information, another CPM credential was revoked. Revocations occurred in 2000, 2003, 2004, 2009, 2010, and 2012.

NARM Accountability received five complaints in 2013. Three complaints were resolved through Complaint Review. One complaint had Complaint Review pending for the following year. One Grievance Mechanism was completed.



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Test Department

*Ida Darragh LM, CPM,
Director of Testing*

Major Tasks of the Test Department in 2013 included:

1. Maintaining yearly renewal of NARM's accreditation by the National Commission of Credentialing Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence (ICE) formerly the National Organization for Competency Assurance (NOCA).
2. Presenting the Legislative Workshop or workshops on Preceptor-Apprentice Relationships, Charting for Midwives, Midwifery Ethics, Peer Review, the Legal Status of Midwives in the U.S., or How to Become a CPM in Arizona, Colorado, and Michigan.
3. Working with the CPMs in states considering or reviewing licensure. NARM board members regularly participate in e-mail and telephone discussion with midwives in states seeking licensure and sometimes visit midwives, regulatory agencies, and legislators in those states. We wrote letters regarding midwifery legislation and/or spoke on the scope of practice of CPMs to legislators or regulators in Arizona, Maryland, Indiana, Michigan, and Delaware.
4. Training and recertifying NARM's Qualified Evaluators (QEs) who administer the NARM Skills Assessment to the PEP candidates. QE workshops were held in Arizona, Oregon, and Massachusetts in 2013. Our total number of active QEs at the end of 2013 was 102.
5. Overseeing the administration of the NARM Skills Assessment and the NARM Written Examination.
6. Attending the annual ICE and CLEAR conferences and participating on the CLEAR Program Committee and Credentialing and Exam Resources Committee, and on the NCCA Standards Revision Committee.

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NARM Testing

The NARM Written Examination was given to 370 candidates from 46 states, two Canadian provinces, and two foreign countries. Eighty percent took the exam to complete the CPM certification process, and 20% took the exam for state licensure, though many who receive the CPM apply for licensure and many who receive licensure then apply for the CPM. Eight state agencies administered the NARM Written Exam as a state licensure exam in 2013. These states are: Alaska, Arkansas, Arizona, California, Montana, South Carolina, Texas, and Washington. An additional eighteen states require the CPM or the Exam portion of the CPM for legal practice: Colorado, Delaware, Florida, Idaho, Louisiana, Maine, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, Oregon, Tennessee, Utah, Vermont, Virginia, Wisconsin, and Wyoming. NARM offered the Written Examination twice a year at regional sites and once at the annual MANA conference.

In 2013, the pass rate for the Written Examination was 79% for NARM candidates and 48% for Agency candidates (primarily due to some state's policies of allowing foreign physicians to test for licensure, though they don't meet the CPM standards for training in out-of-hospital settings).

In 2013, the NARM Skills Assessment administration was moved from the Test Department under Miriam Khalsa to the Applications Department.

Test Development

Test questions are written by teams during the Item Writing workshops, and many writers continue to submit questions throughout the year. All questions are reviewed again by two teams of item writers. Final reviews are done by the NARM Board. Forms J, K, and M of the NARM Exam were administered in 2013.

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NARM Participation in ICE and CLEAR

The NARM Test Department and Board of Directors participates in the national conferences of both the Institute for Credentialing Excellence and the Council for Licensure, Enforcement, and Regulation. In 2013, Director of Testing, Ida Darragh, attended the ICE conference in Florida in November, the CLEAR business meeting in Savannah in January, and CLEAR general convention in St. Louis in September. In addition, Ida served on the ICE program committee and on CLEAR's Exam Resources and Advisory Committee and Credentialing and Examination Issues committee. Ida's term as a Commissioner on the National Commission for Certifying Agencies expired in 2013, but she remained on the Standards Revision Committee.

Test Department goals for 2014 include:

- Training and working with more Item Writers to create a larger databank of test questions which will form the next versions of the exam. NARM is also continuing to

explore options for Computer Based Testing, which we hope to implement in 2014.

- Continue working with ICE and CLEAR, maintaining our certification with the NCCA commission.
- Presentation of Item Writer workshops and Qualified Evaluator workshops.
- Participation on the weekly NARM Board phone calls and annual meetings.



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Applications

*Carol Nelson LM, CPM-TN,
Director of Applications*

NARM issued a total of 257 credentials to new CPMs in 2013.

Total 2013 New CPMs by Entry Route:

- Certified Nurse Midwife (CNM) - 4 (1.5%)
- MEAC Graduate (MG) - 119 (46%)
- Portfolio Evaluation Process (PEP) - 97 (38%)
- State Licensed (SL) - 37 (14.5%)

In 2014, 516 CPMs were due to recertify. 428 of those did recertify. Of the 88 who were due but did not recertify, 43 chose Inactive Status, and the remaining 45 credentials expired.



Public Education & Advocacy

*Debbie Pulley LM, CPM
Director of Public Education &
Advocacy*

The Public Education and Advocacy director handles phone calls generated through the toll-free NARM Information phone number. Calls include requests for information on how to become a CPM, application questions, and recertification questions. There are also calls seeking general information about the NARM process or requests for midwife referrals. This office also handles press interviews.

The NARM Candidate Information Bulletin is updated regularly on the web and in print.



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Policies & Procedures

Miriam Atma Khalsa, CPM
Director of Policies and Procedures

The NARM board regularly reviews existing policies for the purpose of clarifying the information in a previous policy or for establishing new policy. New and amended policies in 2013 include:

- NARM's new eligibility requirements for certification were implemented January 1, 2013 for all PEP applications. Graduates of MEAC accredited schools will have to meet the new requirements beginning January 1, 2015.
- Procedures were adapted in many areas to help the Applications office operate more efficiently as the number of applications increase every year.
- The NARM Board approved changing CPM expiration/recertification dates to match their birthdates.
- Policy was updated for recertification during an inactive year, after expiration, and

incomplete recertification. Requirements for Recertification after Revocation were increased.

- The Board approved fee adjustments for State Licensed midwives and recertifications in line with fee increases made earlier for other categories.
- The legal name of an Applicant as listed on government ID (instead of the name the Applicant may want to use) will be on their CPM certificate.
- Policy was amended to include shredding all charts submitted with an application six months after certification has been issued.
- Stipends for Qualified Evaluators were increased.
- Cultural Competency policy was reviewed and clarified.
- Policy was approved for the number of students allowed credit for use on their application of each clinical and birth:

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- Only one student can be primary at a birth or other clinical (Phase 3 - Primary Under Supervision)
- Only two students can be assistants at a birth (Phase 2 - Assisting Under Supervision); other students present could count the births as observes (Phase 1 - Observed Births)
- Only one student can be the assistant at a prenatal, newborn, or postpartum (Phase 2 - Assisting Under Supervision)
- Policy for MEAC accredited schools was clarified regarding required clinicals.
- A currency requirement was added to Preceptor eligibility, as was the Preceptor Registration Packet, which all preceptors must fill out and submit to NARM Applications along with a copy of a current certification or license.
- NARM updated Accountability policies in regard to the timeline for complaints and added language to the Complaint/Grievance review clarifying Internal complaints versus

External complaints. A new policy for an Accountability Appeals process was created.

- NARM has revised the policies concerning training of CPMs in Out-of-Country clinical sites. This decision was not due to any specific incident in any OOC site but was the result of NARM's trial period of approving OOC clinical sites and preceptors in 2011-2012. After careful consideration, the NARM Board has decided it is beyond NARM's capacity as a certification agency to oversee or assure the quality of clinical training in dozens of worldwide sites. It is also expected that all CPMs will have the experience that is most relevant to their future practice in the United States and Canada.
- NARM will not accept clinicals from OOC sites for PEP applicants after June 1, 2014. Clinicals that occur prior to June 1st in previously approved sites with previously approved preceptors will be accepted regardless of the date the application is submitted. All clinicals on a PEP application that occur after June 1, 2014 will need to have occurred

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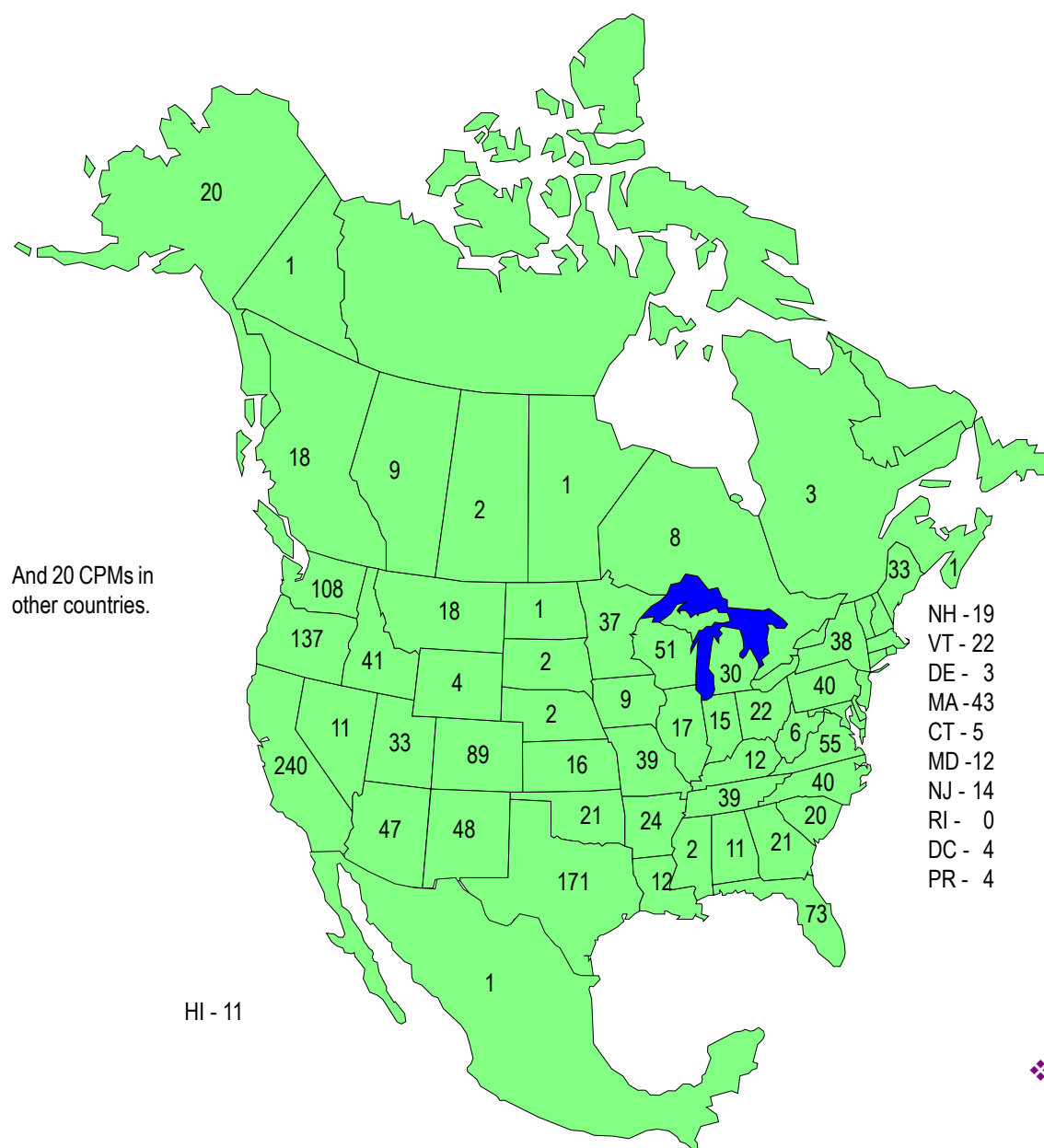
with a qualified preceptor in the U.S. or Canada.

- Students in MEAC-accredited schools may continue to attend clinicals in OOC settings if the site and the preceptors are approved by their school.
- In acknowledgement of the value of serving (rather than training) in OOC sites, CPMs who offer services in an OOC setting may claim up to ten hours credit towards recertification requirements for serving up to two weeks in an Out-of-Country clinical setting.



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Following is a map listing the location of CPMs in North America as of December 31, 2013.



Board Biographies

Biographies of NARM Board Members

Shannon Anton LM, CPM

Shannon is an apprentice trained midwife and founding member of the Bay Area Homebirth Collective in San Francisco. She co-founded National Midwifery Institute in 1995 and continues as co-director, program administrator, and instructor. Shannon has served on the board of the California Association of Midwives (CAM). Shannon attended the NARM Certification Task Force meetings as representative of the CAM certification process. She joined the NARM Board in 1993 and currently chairs NARM's Accountability Committee.

Shannon has been with her life partner since 1987. They built their house together in 1998 and continue to live happily in rural Vermont. Shannon was honored in 2004 with the California Association of Midwives' Brazen Woman Award.

Ida Darragh LM, CPM

Ida attended home births in Little Rock, Arkansas for 30 years in a midwifery partnership called Birth Works with Mary Alexander. Ida has worked on the political side of midwifery from the onset, beginning with lobbying for the midwifery licensing law in Arkansas in 1983 and continuing in various positions with the Arkansas Association of Midwives and the Midwives Advisory Board of the Arkansas Department of Health.

Ida began her involvement in birth in 1975 as a childbirth educator and taught classes for both home and hospital births for 25 years. She joined the NARM Board in 1998 as the Chair of Public Education and Advocacy and became Director of Testing in 1999. In 2003, she assumed the responsibilities as Chair of the Board. As a representative of NARM, she serves on the Exam Resources Committee of the Council on Licensure, Enforcement, and Regulation; has served on many committees with the Institute for Credentialing Excellence. She served two

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terms on the National Commission for Certifying Agencies.

Ida graduated from the University of Arkansas at Little Rock in 1971. She has been married to Kramer since 1971, and they are the parents of three children and five grandchildren.

Elan McAllister

Elan was elected to the NARM board in October, 2009, as the incoming public member. She is a birth activist and doula in New York City. She co-founded and is president of a New York City-based consumer advocacy group, Choices in Childbirth. She is also president of the board of The New Space for Women's Health, a not-for-profit working to open a free-standing birth center in Manhattan. She's a co-leader of the Grassroots Advocates Committee of CIMs and co-created that committee's jewel project, The Birth Survey.

Miriam Khalsa CPM

Miriam has been attending homebirths in Massachusetts since 1981. She is a founding member of the Massachusetts Midwives Alliance (MMA) and served on its board in various positions for eighteen years. Currently she co-chairs the MMA Legislative Committee and is working to pass legislation for licensure of CPMs in Massachusetts. Miriam represented MMA on the Partners in Perinatal Health board for the past fourteen years and was the coordinator of the MANA 2002 conference held in Boston.

Miriam has been an instructor for the MMA Basic Course in Midwifery Skills and is a NARM Qualified Evaluator. She has been on the Board of the North American Registry of Midwives since January 2007 serving as the Director of Policy and Procedures and managing the Skills Assessments Exam. Both of her children were born at home with the help of midwives.

Board Biographies

Carol Nelson LM, CPM

Carol lives in Summertown, TN, with Don, her husband of 40 years. She is the mother of four children, three of which were born at home, and grandmother of 8, all of which were born at home. She has been attending home births since 1972. She is in a midwifery partnership with five other midwives at the Farm Midwifery Center, Summertown, Tennessee. She has been actively involved with midwifery politics since 1977. Carol graduated from Oak Forest Hospital School of Nursing in 1968 and was licensed by the State of Florida in 1982 as a midwife. She was on the Board of Directors of the South Florida School of midwifery from 1983 to 1988. She received her CPM in 1995, was actively involved in the Certification Task Force meetings, and was the chair of the NARM pre-approval committee. She has worked on item writing and test development of the NARM Written Exam, Skills Assessment and Qualified Evaluator training, and has been involved in the 1995, 2001, and 2008 Job Analysis. She has been on the NARM

Board serving as the Treasurer since 1997 and Director of Applications since 2003.

Carol is co-author of the American Public Health Association (APHA) position paper, “Increasing Access to Out-Of-Hospital Maternity Care Services Through State-Regulated and Nationally-Certified Direct-entry Midwives” which was adopted in 2001 by APHA.

She is co-author of the APHA position paper, “Safe Motherhood in the United States: Reducing Maternal Mortality and Morbidity.” This was adopted in 2003 by APHA. Carol is currently active in the Maternal Child Health Section representing the profession of Midwifery and Midwifery Educators. She was the program chair for the Maternal Child Health Section of APHA for their Annual meetings for six years. In 2009 she was selected as one of the “Program Planners at large” for the APHA Annual Meeting. She is co-chair of the Innovations in Maternity Health Services Committee of the Maternal Child Health Section of APHA. This

Board Biographies

2013

is the committee within APHA that holds the space for “normal birth.” She has been on the Tennessee Council of Certified Professional Midwives since 2000. She works as a pro-bono lobbyist for the Tennessee Midwives Association in their legislative efforts. Since 1997 she has been the MANA Public Education and Advocacy chair helping to promote the profession of midwifery and move midwifery forward in the United States.

Tomasina Oliver LM, CPM

Tomasina has been a midwife for 17 years, and a CPM for 15 years. She trained in Florida, and was the first African-American to graduate from a Florida midwifery school. She also is a naturopathic midwife, having graduated from the first class of the School for Naturopathic Medicine in Florida. She currently lives in Washington, DC, and is working to acquire recognition of CPMs in that area. She is licensed in the state of Virginia.

Brynne Potter LM, CPM

Brynne is a mother, midwife, and community activist. She has two children who were born at home in Virginia with the aid of midwives. She became a CPM in 2005 and is a partner in Mountain View Midwives, a home birth practice in Charlottesville, VA. Between 2003-2005, Brynne served as coordinator for the successful grassroots efforts to pass a licensing bill to allow CPMs to provide midwifery services in Virginia. She has held a license to practice midwifery since 2005.

Brynne currently serves as the Public Relations Director for the Commonwealth Midwives Alliance, serving as liaison to the state Board of Medicine, which oversees the licensure of CPMs, and coordinating the education efforts of state agencies regarding the practice of licensed midwifery. Brynne is a founder and developer of Private Practice, electronic charting software for midwives.

Board Biographies

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Debbie Pulley LM, CPM

Debbie has had a home birth practice in Atlanta, Georgia since 1982. Shortly after receiving her CPM certification in 1995, she started working with NARM in the Applications Department. She now serves on the NARM Board as Secretary and is Director of Public Education & Advocacy.

Debbie has been very active in state midwifery politics and serves as President of the Georgia Midwifery Association. Although direct-entry midwifery is not currently recognized by the state, she still is very involved in coalition

building. She acts as liaison for the State's Vital Records division and developed the forms currently used by the department for out-of-institution birth registrations. In 2000, Debbie was one of four MANA members selected to serve on the MANA/ACNMLiaison Committee. The committee meets twice a year.

Debbie began attending births in 1970 while living in Hong Kong. She moved to Atlanta in 1971 and married Don in 1973. They have two children and three wonderful grandchildren.



Job Descriptions

Chairperson

Ida Darragh LM, CPM

The Chairperson:

- Facilitates weekly Board meeting call
- Facilitates twice-yearly Board meetings
- Maintains contracts with state licensing agencies
- Represents NARM on the MAMA Campaign Steering Committee



Treasurer

Carol Nelson LM, CPM

NARM by-laws state that, “The Treasurer shall have charge of all funds of the Corporation. The Treasurer shall see that a true and accurate accounting of all financial transactions of the Corporation is made and that reports of such transactions are presented to the Board of Directors at each of the regular meetings or at special meetings as called.”

The Treasurer:

- Is responsible for and keeps an accurate accounting of all funds
- Does all of the bookkeeping and accounting of the funds, makes deposits, and pays all bills
- Creates reports and presents them at all regular board meetings, including income and expenses for the year to date, quarterly, end of year and comparisons of similar time frames
- Creates proposed budgets for the upcoming year
- Answers all correspondence, e-mails, and phone calls involving NARM’s finances, including audits.

The Treasurer makes recommendations to the Board. The Board makes final decisions about the use of discretionary funds.



Job Descriptions 2013

Secretary

Debbie Pulley CPM

The secretary is responsible for the following:

- Arranging lodging/meeting space for Board meetings
- Setting the agenda and taking and distributing minutes of all Board meetings and conference calls
- Managing the Board Listserv



Public Education and Advocacy

Debbie Pulley CPM

The Public Education and Advocacy department's main responsibilities are to:

- Answer phone calls at the NARM 800 number
- Answer emails

- Send out information.
- Route calls and e-mails to the appropriate departments
- Manage the Board e-mail list
- Keep minutes for Board calls and meetings
- Oversee webpage updates
- Act as PR liaison to the press
- Assist in formatting and arranging printing for NARM documents
- Present NARM workshops
- Attend various conventions as an exhibitor for NARM



Job Descriptions

Accountability

Shannon Anton LM, CPM

The tasks of the NARM Director of Accountability are as follows:

- Answer phone calls regarding accountability issues and questions
- Answer e-mails regarding accountability issues and questions
- Send out information and refer to NARM website for Accountability documents
- Receive complaints regarding NARM CPMs
- Respond to complaints following NARM's process for Complaint Review and Grievance Mechanism
- Regularly update the NARM Board regarding the activities of Accountability Committee
- Seek legal advice when appropriate
- Write annual report



Test Department

Ida Darragh LM, CPM

A detailed description of Test Department tasks is kept on file in the Test Department.

The general duties of the Test Department include the following:

- Correspond with state licensing agencies regarding the administration of the Written Examination and/or verification of CPM status as requested by CPM
- Send Agency Packs as requested by agencies (CIB, registration instructions, and intent form)
- Send Intent Forms to candidates who are eligible for the Skills Assessment or Written Examination
- Set up test sites for the Written Examination
- Send/receive test site contracts for all test sites

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- Send list of test sites, rosters, etc., to NARM's testing vendor prior to the exam dates
- Receive agency test fees (when appropriate) and forward to treasurer. Keep all pertinent information in the data base
- Send confirmation letter to all Written Examination candidates
- Send admission letters and test site directions to all candidates
- Receive test results from NARM's testing vendor. Enter results in database
- Send pass/fail letters to candidates and to Agencies
- Send retake intent forms to failing candidates
- Send reminder letters and new intent forms twice a year to failing candidates. Send pass/fail results to applicants
- Keep current list of QEs
- Review and update QE Handbook
- Write test department reports monthly

- Coordinate communication between Board and NARM's testing vendor
- Participate in weekly NARM Board calls, follow up on specific tasks as defined by Board
- Keep current list of Test Department tasks, policies and procedures
- Answer or return phone calls to the Test Department
- Prepare Test Department report for NARM Board meetings, written reports for Fall and/or Spring Board meetings, and the final, year-end report
- Maintain all appropriate information for NCCA accreditation, file annual report with the NCCA, submit re-accreditation application every five years

Skills Assessments fall under the direction of the Test Department and are managed by Miriam Khalsa.

Job Descriptions

2013

Skills Assessment tasks are:

- Receive skills intent forms
- Send QE and candidate confirmation letters
- Send candidate admission letter and equipment list to candidates
- Send QE pack to QE
- Score Skills Assessments, input into database, and send pass/fail letters
- Notify applicants of results



Applications Department

Carol Nelson LM, CPM

Applications Department responsibilities include:

- Review all applications
- Correspond with individual applicants
- Create all administrative forms used in this department

- Create and maintain applicant database tables and forms (the complete database)
- Oversee incoming monies and reports sent to the Secretary
- Oversee outgoing Application packets
- Oversee continued supply of printed Application packets.
- Maintain CPM table
- Maintain CPM statistics tables
- Issue certificates and wallet cards for new and renewed CPMs
- Develop detailed Policies and Procedures for the Applications Department
- Update and revise application packet
- Prepare Year End Report for NARM Board meeting and Annual Report



Job Descriptions

Policy Management

Miriam Atma Khalsa CPM

Policy Management involves organizing, categorizing and filing of all NARM Policies and Procedures.

Policy Management responsibilities include the following specific duties:

- Maintain current Policy and Procedure Manual
- Make sure all policies are updated and current
- Provide current copies to Board Members either by mail or at Board meetings
- Archive old policies when replaced, changed, or retired
- Keep a history of when these changes are made



Special Projects

Various Board Members

Special NARM Projects include:

- Provides ongoing assessments of the status of special projects
- Coordinates the Out-of-Country preceptor site approval process
- Keeps ongoing task list from Board calls and meetings and send the list weekly to Board members
- Keeps ongoing list of ideas for the CPM Eblasts
- Oversees the website redesign process and/or materials review





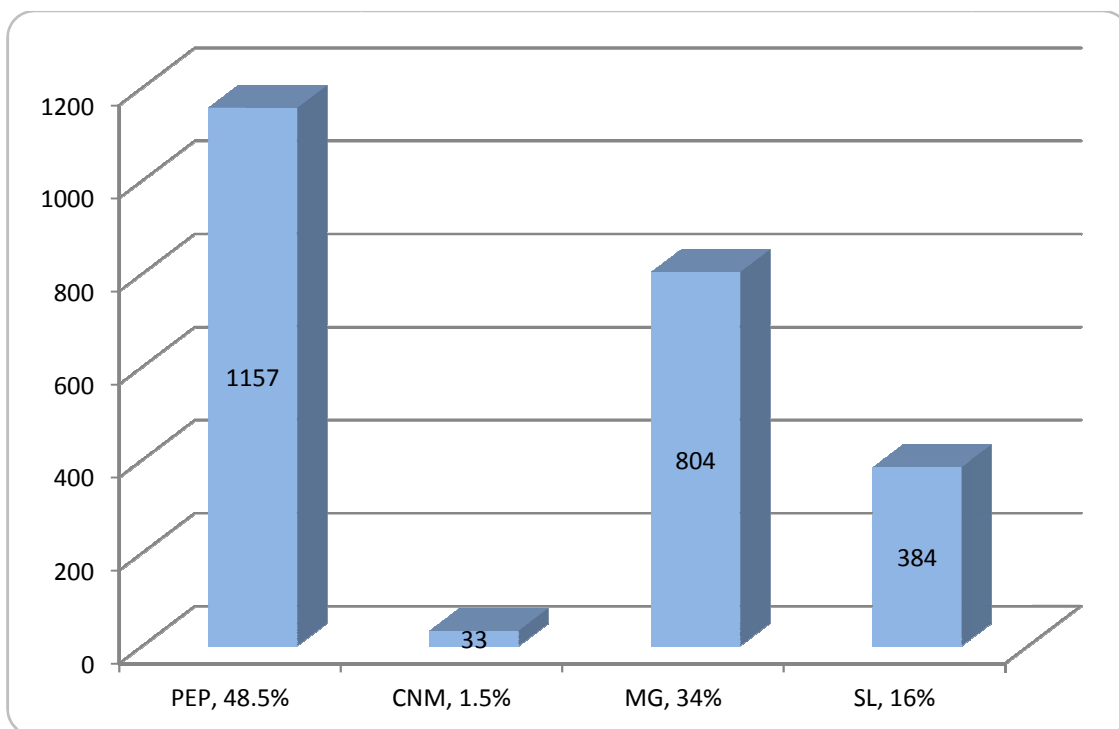
CPM Statistics Report 1994 to Present

The information for this report was collected primarily from the CPM Table currently in use by the Applications Department and the former CPM Stats Table. Record keeping over the years has been inconsistent and not all figures may be accurate.

From the data available, an overview of all CPM figures from 1994 to present (September 25, 2013) is profiled. Closer scrutiny is given to statistics for active CPMs, giving further details such as educational background and knowledge sharing.

- ❖ From 1994 to present, NARM has issued 2378 CPM credentials.
- ❖ The largest percentage of credentials has been issued to PEP applicants, which account for 48.5% of the total.

Figure 1: Breakdown of all CPM credentials issued, 1994-present



- The highest spike in credentials issued for a single entry route was in 1998, when 146 certificates were issued to Experienced Midwives; followed by 87 issued to MEAC Graduates in 2010, and 87 in 2012 to Entry-Level Midwives.

Figure 2: CPM yearly breakdown by entry route

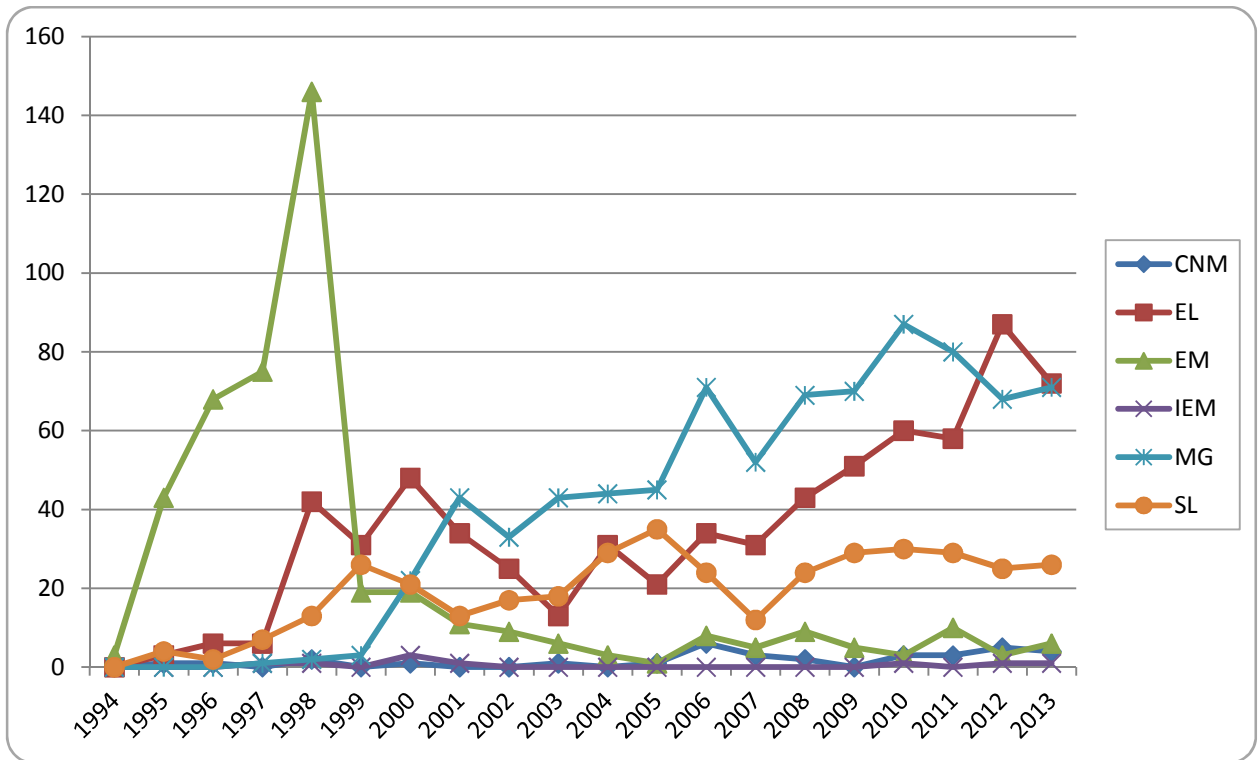
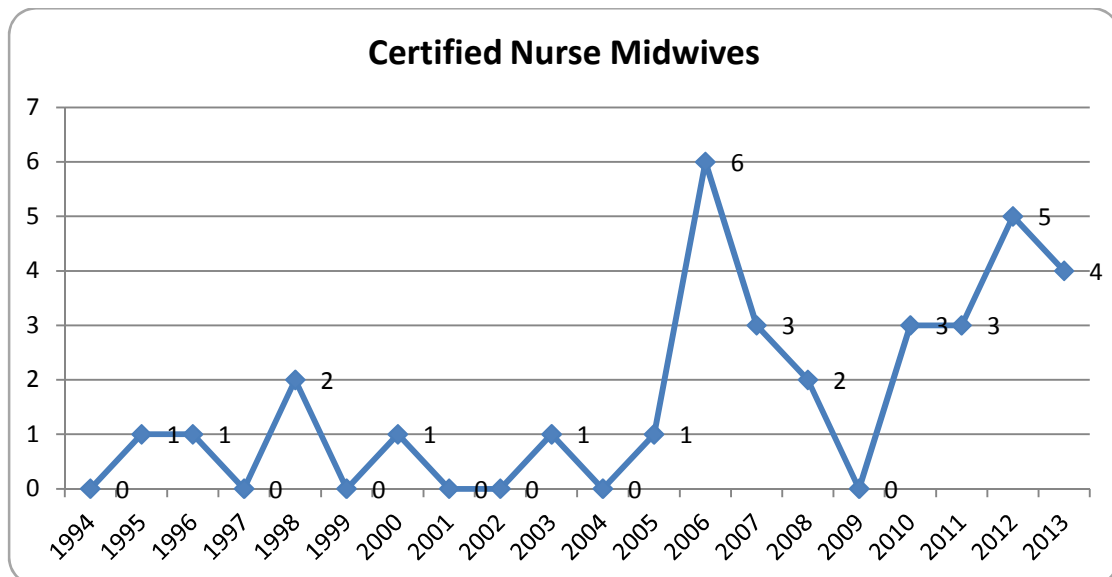
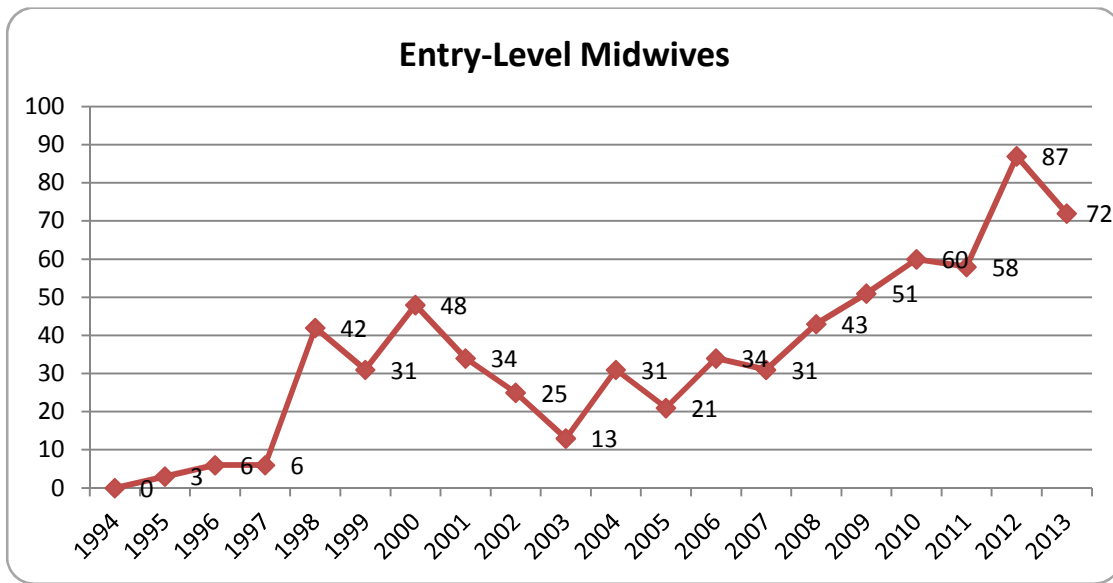


Figure 3: Certificates issued to CNMs yearly breakdown



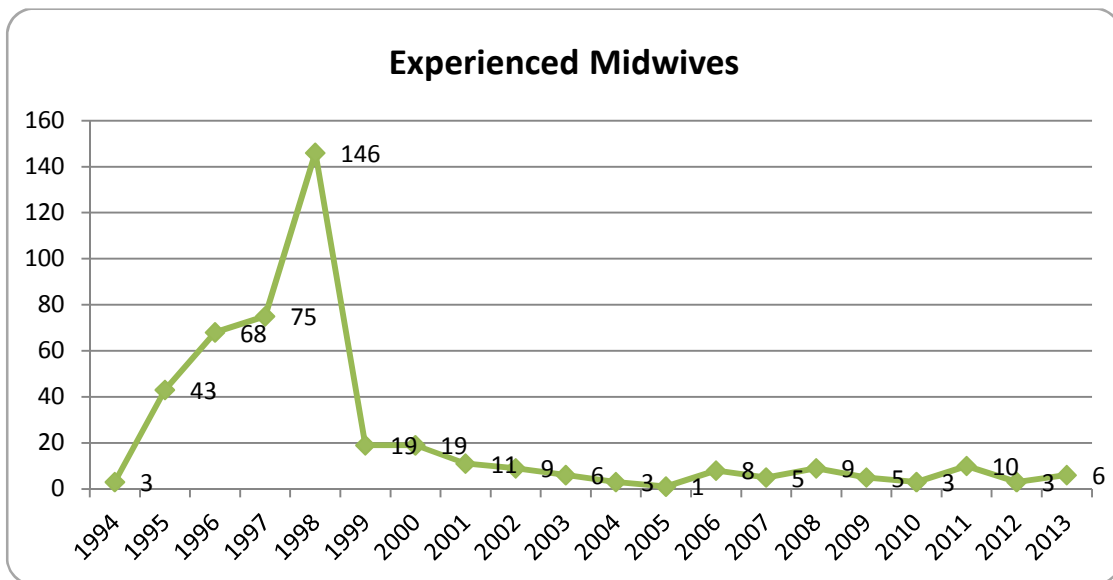
Total credentials issued to CNMs = 33

Figure 4: Certificates issued to ELs yearly breakdown



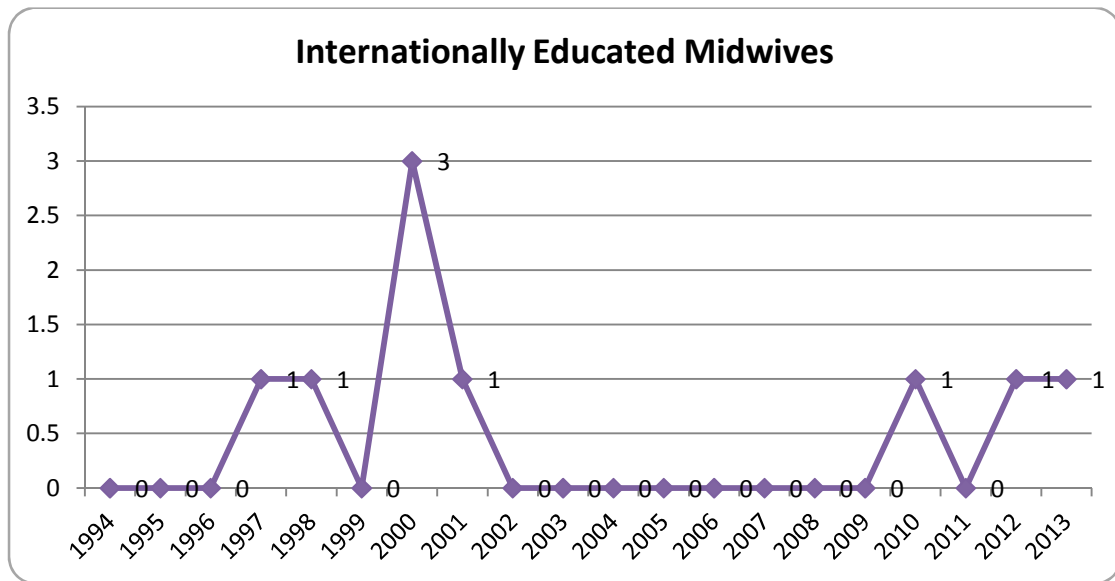
Total credentials issued to ELs = 696

Figure 5: Certificates issued to EMs yearly breakdown



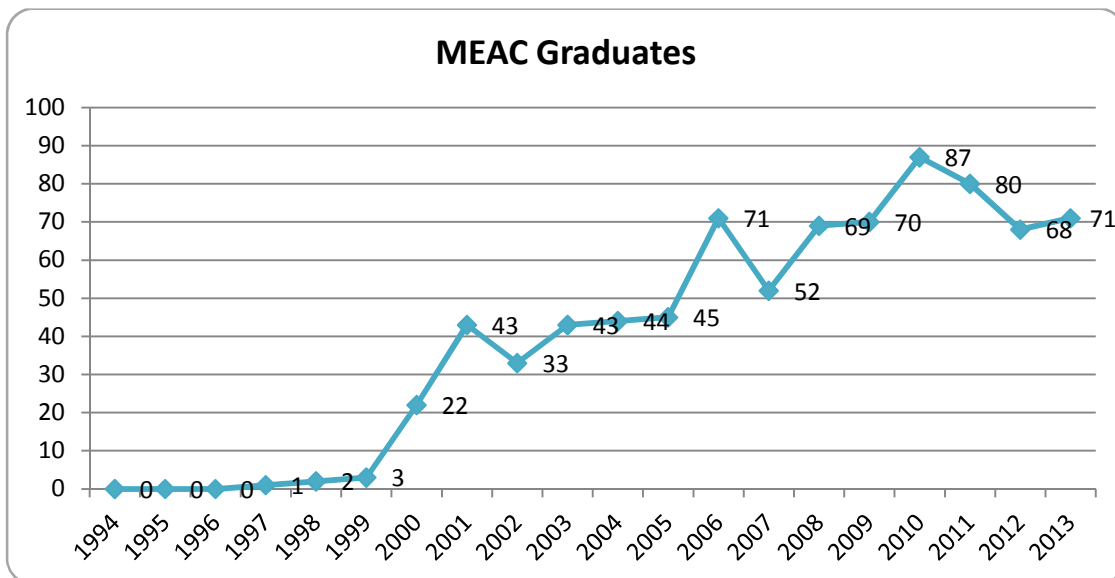
Total credentials issued to EMs = 452

Figure 6: Certificates issued to IEMs yearly breakdown



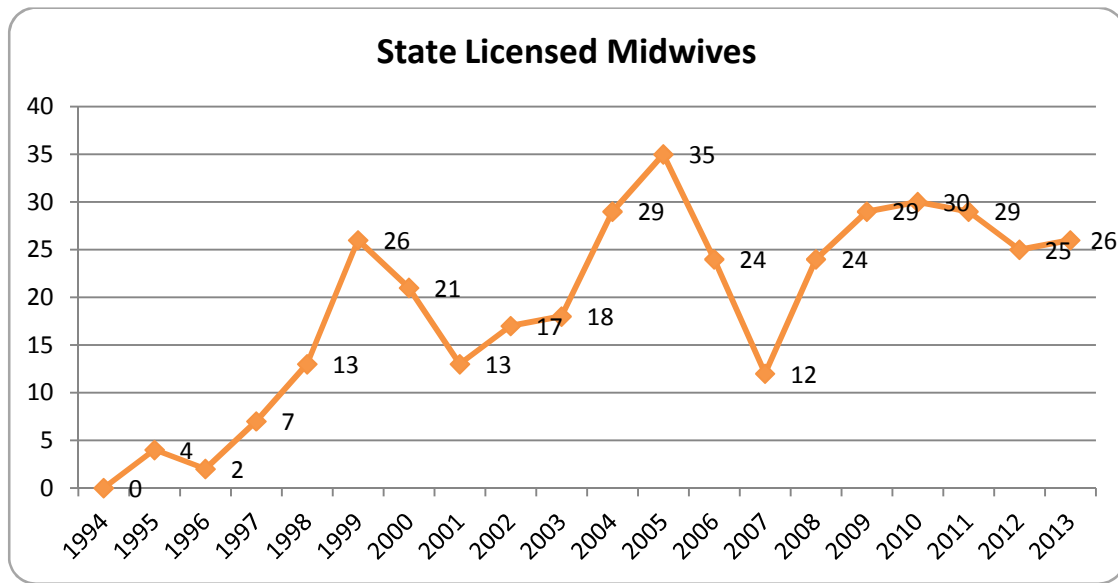
Total credentials issued to IEMs = 9

Figure 7: Certificates issued to MGs yearly breakdown



Total credentials issued to MGs = 804

Figure 8: Certificates issued to SLs yearly breakdown



Total credentials issued to SLs = 384

Current Applications

- ❖ There are currently 229 applications in process in the Applications Department.
- ❖ 143 applications in process were submitted in 2013.
- ❖ Entry Level is the most popular entry route making up 50.0% of current applications.

Current applications classed by entry route

EL	114	50.5%
EM	8	3.5%
IEM	7	3.0%
MG	95	41.0%
RAEx	1	0.5%
SL	4	1.5%
Total	229	

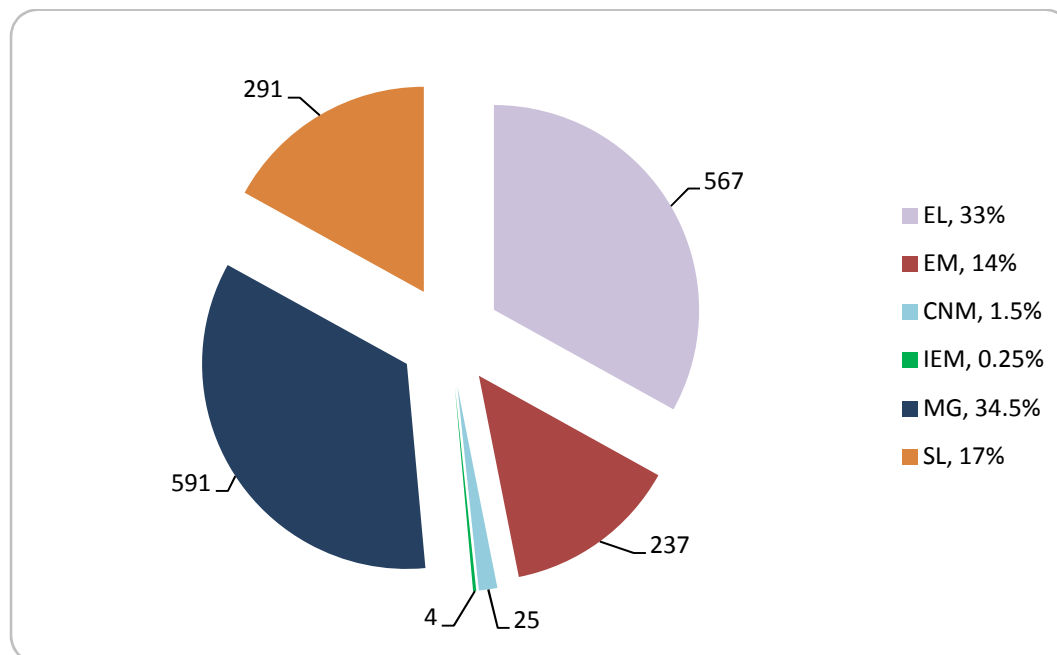
Current status of all applications

Ready for Written Exam	44	19%
Failed Written Exam	51	22.25%
Passed Written Exam - awaiting graduation	49	21.5%
Passed Written Exam - lacking items for completion	6	2.5%
Application in process	79	34.5%
Total	229	

Current Status

- Out of the 2378 CPMs credentialed, 1715 are currently active.
- The entry route with the highest number of active CPMs is MEAC Graduates accounting for 34.5%; followed closely by Entry-Level with 33%.

Figure 9: Active CPMs by entry route



Licensure of Active CPMs

Of the 1715 active CPMs, 898 (52.25%) currently hold licensure in/outside the United States. Since several CPMs hold multiple licenses, the total number of licenses held by this group is 960.

License held	Total	Out of 960 licenses	Out of 1715 CPMs
Within United States	937	97.5%	54.5%
Outside United States	23	2.5%	1.25%

Predictably, the highest number of licensed midwives obtained the CPM credential via the state licensed entry route making up 30% of the total.

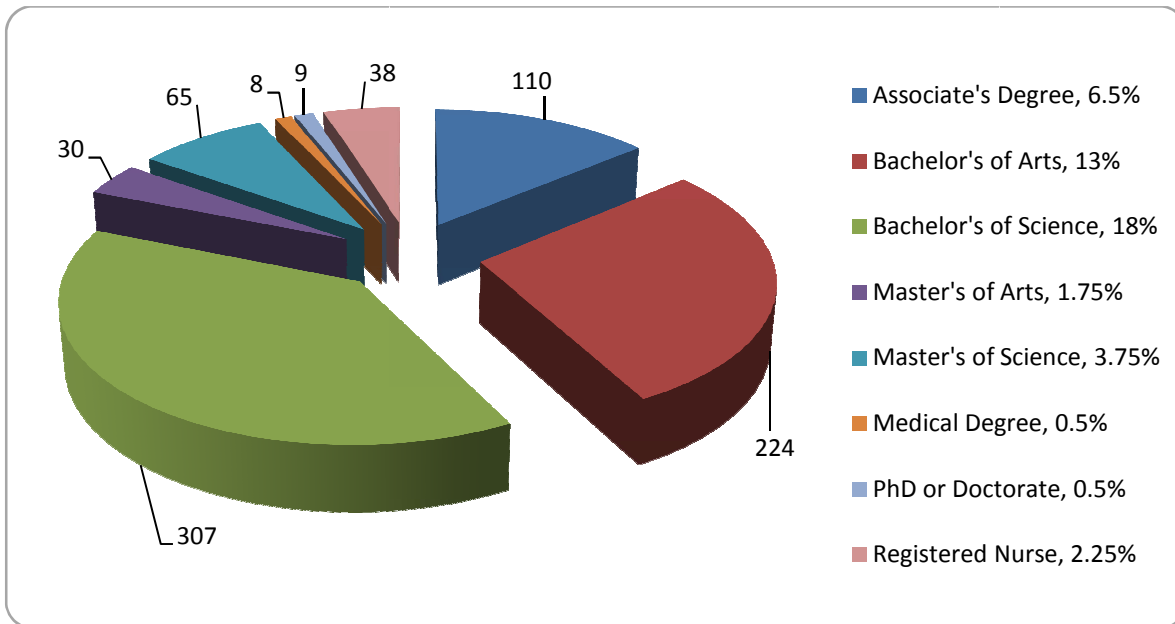
CNM = 20 (2.25%)	IEM = 2 (0.25%)
EL = 228 (25.5%)	MG = 234 (26%)
EM = 144 (16%)	SL = 270 (30%)

Educational Background of Active CPMs

Records show, from the pool of 1715 CPMs currently active:

- ❖ 791 (46% of active CPMs) hold a degree from a university;
- ❖ 379 (22%) hold High School Diplomas or GED equivalency with no further degree;
- ❖ There are currently 545 records which do not have this information.

Figure 10: Degrees held by active CPMs



Many (422) CPMS have stated that they have some further education/certification including: Emergency Medical Technicians (EMTs), Licensed Massage Therapists (LMT), Certified Childbirth Education, Naturopathic Medicine, Phlebotomists, Licensed Practical Nurses (LPNs), and Herbal Medicine.

Knowledge Sharing of Active CPMs

In the past three years, 41.75% of active CPMs stated that they have acted as a preceptor.

- The largest group of preceptors became certified through the Entry-Level route.
- 69.25% of active Experienced Midwives have served as preceptors in the past three years; followed by State Licensed Midwives at 55.5% and CNMs at 52%.

Figure 11: Breakdown of active CPM preceptors by entry route

Entry route	Number of active CPMs	Number who are preceptors	% of entry route who are preceptors
CNM	25	13	52%
EL	567	200	35.5%
EM	237	164	69.25%
IEM	4	1	25%
MG	591	176	29.75%
SL	291	162	55.5%

Total number of active CPMs = 1715; total number of preceptors = 716

Location of Active CPMs

As expected, the vast majority of active CPMs, 1656 (96.5%), reside in the United States; while another 59 CPMs (3.5%) reside outside the United States.

Figure 12: Active CPM Locations by country/state

Active CPM location							
Outside USA		USA totals					
Argentina	1	Alaska	17	Massachusetts	43	Pennsylvania	37
Belize	1	Alabama	9	Maryland	11	South Carolina	19
Brazil	1	Arkansas	21	Maine	33	South Dakota	2
Cambodia	1	Arizona	41	Michigan	29	Tennessee	37
Canada	40	California	219	Minnesota	35	Texas	166
France	1	Colorado	73	Missouri	37	Utah	31
India	2	Connecticut	5	Mississippi	2	Vermont	20
Indonesia	1	Delaware	3	Montana	18	Virginia	49
Ireland	1	District of Columbia	4	Nebraska	2	Washington	101
Israel	1	Florida	66	Nevada	11	West Virginia	7
Mexico	1	Georgia	19	New Hampshire	17	Wisconsin	49
Netherlands	1	Hawaii	12	New Jersey	16	Wyoming	3
Philippines	1	Iowa	10	New Mexico	43		
Puerto Rico	3	Idaho	37	New York	34		
South Africa	2	Illinois	17	North Carolina	39		
Thailand	1	Indiana	13	North Dakota	1		
		Kansas	14	Ohio	21		
		Kentucky	8	Oklahoma	17		
		Louisiana	12	Oregon	126		