

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

*NARM Accountability
Policies and Procedures*

NARM Accountability and Appeal Policy

I. Overview

The North American Registry of Midwives (NARM) recognizes its responsibility to protect birthing families and the integrity and value of the Certified Professional Midwife (CPM) certification by taking an active role in evaluating allegations of misconduct by CPMs or CPM applicants. A CPM or CPM applicant who is the subject of a written complaint (the “Respondent”) is required to participate in the disciplinary process. Failure or refusal by the Respondent to participate shall result in revocation of the CPM credential or rejection of the CPM application.

II. Initiating Complaints

- A. Complaints must be received within two (2) years of the conclusion of care or complaints originating from a State regulatory board or quality assurance (QA) program must be received within 90 days of completion of said regulatory or QA investigation.
- B. Complaints must be initiated through the NARM Complaint form or by request to accountability@narm.org.
- C. Complaints may be initiated by:
 - 1. a midwifery client;
 - 2. a state licensing board or regulatory body;
 - 3. a state QA Program;
 - 4. an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint; or
 - 5. a CPM applicant.
- D. Complaints against a Respondent who is a CPM applicant
 - 1. If the CPM applicant is engaged in the Portfolio Evaluation Process (PEP), the complaint must include their preceptor as Respondent
 - 2. If the CPM applicant is enrolled in a MEAC accredited education program, the complaint will be referred back to the educational body for internal review
- E. A complaint may be made against a midwife whose CPM certification has been revoked, expired, or retired. NARM cannot require a midwife who is not a CPM to participate in the NARM Accountability Process, however participation is a requirement of recertification should the midwife apply to recertify.

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III. Basis for Accountability Review

A. NARM may address any complaint or concern that falls into the following categories:

1. Fraud or deceit in an application, reapplication, or other communication to NARM, including, but not limited to, providing a false or misleading statement and/or knowingly assisting another to obtain or attempt to obtain NARM's certification or recertification by fraud or deception.
2. Irregularity regarding the NARM Examination, including, but not limited to, providing or receiving unauthorized assistance before, during, or after an exam, providing false information to gain admittance to an exam, or impersonating another examinee.
3. Misrepresentation of certification or violation of NARM's personal and/or intellectual property rights, including, but not limited to, unauthorized access, possession of, use of, distribution of, or access to NARM's: exams; certificates, name, trade name, certification mark, service mark, trade dress or trademark; or other personal and/or intellectual property.
4. Chronic or acute abuse of alcohol, prescription medications, street drugs, or other substances that produce intoxicating effects; new onset or ongoing instances of cognitive impairment caused by physical or mental conditions such as injury, illness, or degenerative disorders that impair the Respondent's professional performance as a CPM.
5. Limitation or sanction by a federal, state, or private licensing board, administrative agency, association, or health care organization relating to public health or safety, or midwifery practice.
6. Conviction of, plea of guilty to, or plea of nolo contendere to a crime directly relating to midwifery practice and/or public health and safety.
7. Engaging in conduct not consistent with professional standards, including, but not limited to: any practice that creates unnecessary danger to the life, health, or safety of a client or their baby (fetus or neonate) or a neonate in the Respondent's care; or any practice that is contrary to the ethical conduct appropriate to the midwifery profession. Actual injury to a client or baby (fetus or neonate) need not be shown.
8. Unprofessional conduct that includes any actions or omissions that compromise client safety, quality of care, or professional integrity.
Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance, device, or supplement in a manner inconsistent with widely accepted standards; or falsification of health records.
9. Breaches of confidentiality including but not limited to disclosure of client protected health information (PHI), sharing of identifying photos, videos, or stories on social media or in another social manner without permission.

B. NARM will not address complaints:

1. Without sufficient information including the name of client, a description of the event, and identification of the applicable complaint category described in III (A).
2. That do not indicate a violation of midwifery practice standards.

C. NARM reserves the right in its discretion to address a complaint or concern not set forth above. NARM reserves the right in its discretion to dismiss any complaint it deems unfounded.

IV. Priority Cases

- A. Receipt of a complaint(s) about a CPM that poses potential severe and immediate danger to birthing families may result in immediate actions by NARM Accountability Review Committee (ARC) in conjunction with the approval of the NARM Executive Director, including termination or suspension of certification or referral to outside authorities.
- B. Receipt of a complaint about a CPM who has previously been found at fault and sanctioned for one or more of the categories in section III (A), where the new complaint represents an urgent situation that poses immediate danger to birthing families, NARM ARC in conjunction with the approval of the NARM Executive Director may take immediate actions:
 - 1. To ensure time to conduct a thorough and fair accountability review of the complaint while protecting birthing families and the integrity of the CPM credential, NARM may suspend a Respondent's CPM certification.
 - 2. The Respondent will be notified via certified mail, and the suspension will be effective immediately upon receipt of notice.
 - 3. If the Respondent practices in a state in which a state licensing board or regulatory agency has jurisdiction, NARM will notify said entity of the complaint immediately upon issuing the suspension.
 - 4. NARM Accountability Program, understanding the implications of temporary suspension, will give priority status to the complaint review process in order to achieve a timely resolution.
- C. Compliance with the suspension notice
 - 1. Respondent will notify all current clients in writing of suspension of the CPM credential within two (2) weeks
 - 2. Respondent will remove "CPM" designation from all documents, advertising, and social media until and if suspension is lifted
- D. Failure to comply with the suspension notice will result in revocation of the CPM credential.
 - 1. Failure to sign certified mail receipt of notice of suspension will result in revocation of the CPM credential.
 - 2. It is the responsibility of CPM or applicant to maintain a current mailing address with NARM.
 - 3. Failure to participate in the accountability review will result in revocation of the CPM credential.

V. Accountability Review

- A. Following receipt of a complaint, the NARM Case Coordinator or designated staff shall notify the Respondent in writing of the complaint allegations and provide a written request for all records pertaining to the case. The Respondent must respond in writing and submit all records pertaining to the case via a secure portal or certified mail within 14 business days of being notified. Upon receipt of records, NARM will issue a written receipt via email and U.S. mail. Failure to respond to the notice in whole or in part may result in revocation of the CPM or cancellation of the CPM application.
- B. Identity of the complainant shall not be disclosed to the Respondent at any point in the accountability process, including at completion of Accountability Case Review or appeal.
- C. The Accountability Case Review will be conducted by the Accountability Review Committee (ARC) consisting of the Accountability Case Coordinator, the Accountability Administrator, and three (3) volunteer Accountability Peer Reviewers.
- D. All proceedings, documents, and testimonies of the Accountability Case Review are confidential and may not be disclosed to any individual or entity outside of NARM with the exception of disclosures initiated by subpoena.

- E. All Accountability Review Proceedings and case details are confidential. ARC members shall each be required to sign confidentiality agreements prior to engaging in the Accountability Case Review process.
- F. NARM may disclose findings and sanctions of suspension or revocation to State licensing boards, regulatory agencies, or legal authorities as deemed necessary to protect birthing families and preserve the integrity of the CPM credential.
- G. Respondent has the right to secure legal counsel at any point in the Accountability Review process. The NARM Accountability Review Procedure can be found at narm.org or may be requested by emailing accountability@narm.org.

VI. Possible Outcomes of Accountability Review

- A. The ARC may render any one or a combination of the following decisions deemed appropriate under the circumstances:
 - 1. exoneration of the Respondent;
 - 2. imposition of corrective actions to be performed by the Respondent;
 - 3. revocation of the CPM certification, NARM Registered Preceptor Registration, or rejection of the CPM application;
 - 4. notification of sanctions to state licensing and/or regulatory entities; or
 - 5. other sanctions that may be determined by the ARC to be appropriate.

VII. Notification

- A. The following notifications of the ARC's decision shall be made:
 - 1. to the Respondent;
 - 2. to the Complainant; and
 - 3. in the case of revocation:
 - a) a public notice of revocation shall be posted and shall remain posted online at www.narm.org; and
 - b) states that use the CPM certification for their licensure process shall be notified.

VIII. Appeals

- A. Respondent may submit an appeal of an ARC determination of findings to the Accountability Program.
 - 1. Requests for appeal must be initiated by contacting NARM at accountability@narm.org.
 - 2. Requests for appeal must be received by the NARM Accountability Program within thirty (30) days of receipt of NARM ARC notification of final findings and sanctions.
- B. Requests for appeal will be considered by the Case Coordinator and Accountability Administrator with the approval of the NARM Executive Director.
- C. An appeal may be granted if:
 - 1. the Respondent provides additional material facts and/or circumstances that were not available during the ARC's deliberations; or
 - 2. if the ARC made a material error in its deliberations or decision.
- D. Failure of the Respondent to present material facts and/or circumstances in the Accountability Review Process that were knowingly available to the Respondent at the time shall not serve as the basis of an appeal.

- E. NARM Case Coordinator or designated staff will notify Respondent of decision to grant or deny request for appeal.,
 - 1. Notification will be provided within thirty (30) days of request for appeal.
 - 2. Notification will be issued via certified mail.
- F. Appeal reviews will be conducted by the NARM Executive Director and ARC.
 - 1. The ARC will be comprised of the Case Coordinator, Accountability Administrator, and three (3) newly identified case reviewers.
 - 2. The Accountability Case Reviewers will be appointed by the Accountability Case Coordinator and confirmed to have no prior knowledge of the case and no prior relationship to the Respondent, Complainant or Client.
- G. All findings made by the Appeal committee are to be considered final.
- H. The NARM Appeal Procedure may be requested by contacting NARM at accountability@narm.org.

X. Preceptor/Student Accountability

- A. Complaints received involving the PEP Preceptor/Student relationship will be addressed by the NARM Accountability Program and the Accountability Case Review Process.
 - 1. Complaints lodged about Preceptor/Student relationships while participating in a MEAC accredited program will be referred to the educational program.
 - 2. Complaints meeting the criteria in III (A) above will be subject to review by the ARC.
 - 3. Complaints that do not meet the criteria in III (A) will be forwarded to the NARM Eligibility Program.
- B. Complaints involving the PEP Preceptor/Student relationship that meet the complaint criteria in III (A) will be subject to the Accountability Review Process and all notifications, possible outcomes, and right to appeal therein.
- C. Complaints involving the PEP Preceptor/Student relationship must be initiated through the NARM Complaint form or by emailing accountability@narm.org.

NARM Accountability Case Review Procedures

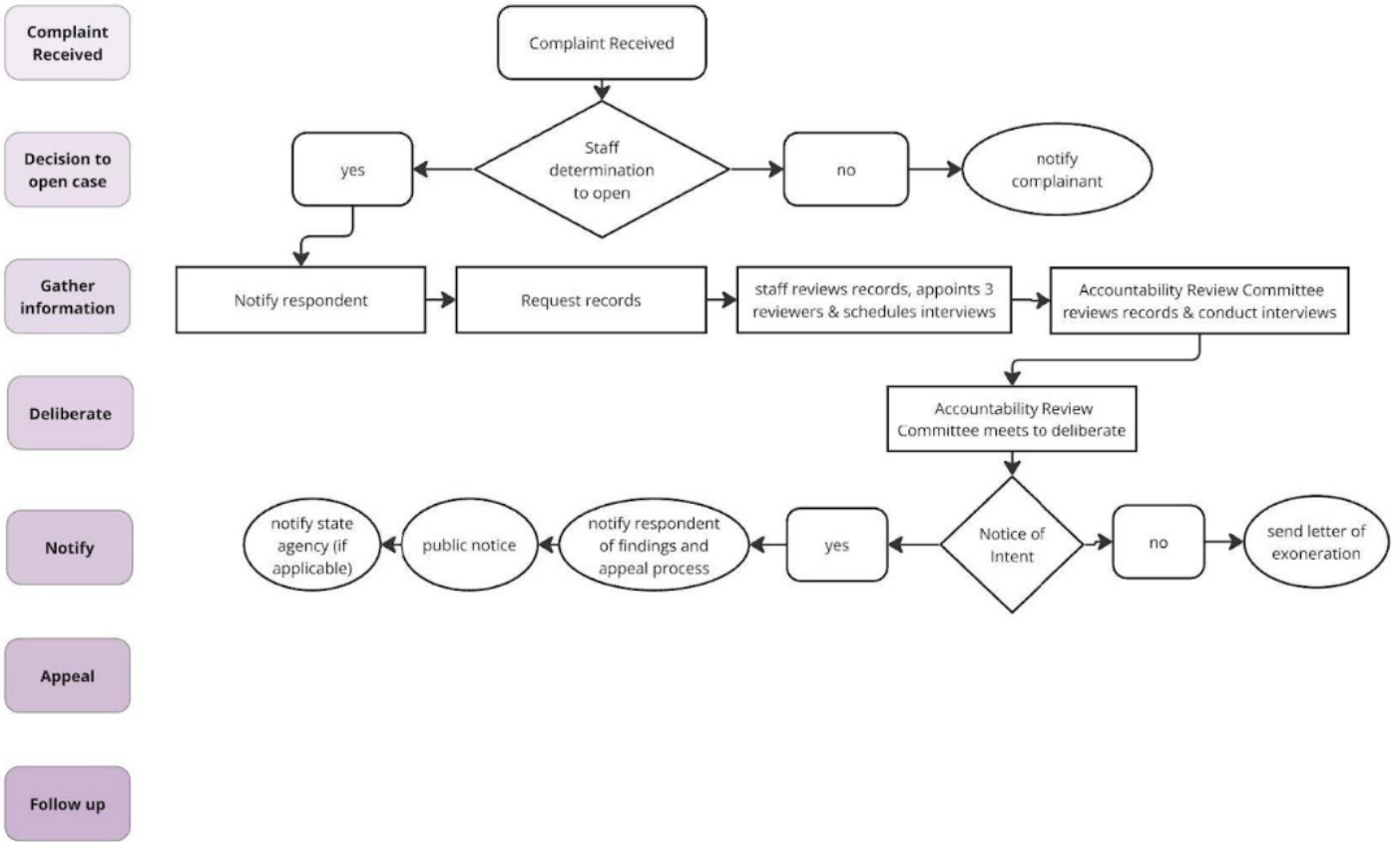
I. Accountability Review Procedure

- A. The NARM Accountability Program staff shall notify the Respondent (CPM) of the specific allegations made by the complainant. The Respondent must respond within 14 business days of being notified. Notification will be issued by certified mail. Failure to respond to the notice may result in revocation of the CPM or cancellation of the CPM application.
1. Respondent must return the acknowledgement of Accountability Policies and Procedures provided with the records request
 2. Respondent must upload all requested records to a secure platform following instructions provided by the Accountability Administrator.
- B. Initial Chart Review
1. Accountability Program Staff, at the direction of the Case Coordinator will review all submitted records in consideration of the allegations made
 2. A determination will be made to
 - a) Close the case unfounded
 - b) Proceed with a Formal Case Review
 - c) The Respondent will be notified
- C. The accountability case review shall be held as follows:
1. Accountability case reviews are conducted by The Accountability Review Committee (ARC) consisting of The AP Case Coordinator and Administrator and three (3) members of the Accountability Reviewer Pool who have no knowledge of the case and no prior relationship to the Respondent, Complainant, or Client
 2. Accountability Reviewers are appointed by the Case Coordinator from the NARM Accountability Reviewer Pool.
 3. Respondent will be required to participate in scheduled accountability case reviews, regardless of personal or professional commitments.
 4. Clients are not required to participate in disciplinary hearings, but may be invited to do so by the ARC.
 5. Clients may be asked for, but are not required to provide, any video or photo documentation of the event in question and/or deposition of experience as part of case review.
 6. Respondent and other providers/institutions directly involved in the case will submit records to the NARM Accountability Program via a secure portal.
 7. The Coordinator of the ARC shall establish the date of the case review and deadlines for submission of documents. In establishing dates and deadlines, the Coordinator shall ensure that they permit adequate time for the Respondent to prepare submissions and for testimony.
 8. The Respondent shall be permitted to submit documentation supporting their position and shall be required to appear at the case review.
 9. The appearance may be telephonically, by video conferencing, or in person and shall be at the Respondent's own expense.
 10. The ARC shall render its decision within ninety (90) days of the hearing.
 11. The ARC shall include with its decision a timeline for completion and review of any prescribed remediations including but not limited to continuing education, practice under supervision, or chart review.
 12. The Respondent has the right to appeal the decision by the ARC.

II. Accountability Appeal Process

- A. Requests for appeal will be considered by the Case Coordinator and Accountability Administrator in conjunction with the approval of the Executive Director.
- B. Requests for appeal will be considered if received within 60 days of issuance of a notice of intent to Respondent.
- C. Respondent will be notified of their right to Appeal at the time of issuance of notice of intent
 - 1. Access to the Appeal request form will be provided .
 - 2. Criteria for granting a request will be provided.
 - 3. Notification of the 60 day timeframe for requesting an Appeal.
- D. NARM Case Coordinator Director of Accountability or designated staff will notify Respondent of decision to grant or deny request for appeal.
 - 1. Notification will be provided within thirty (30) days of request for appeal, and
 - 2. notification will be issued via certified mail.
- E. Appeals will be granted to a Respondent following closure of an Accountability Case Review in which a notice of intent is issued if:
 - 1. the Respondent provides additional material facts and/or circumstances that were not available during the ARC's deliberations;
 - 2. the ARC made a material error in its deliberations or decision; or
 - 3. the request for Appeal is received by NARM Accountability Program within the 60 day timeframe.
- F. Upon granting a request for appeal, the NARM AP will appoint three (3) new Case Reviewers from the Accountability Case Reviewer Pool who have no prior Knowledge of the case and no prior relationship to the Respondent, Complainant, or Client
- G. The Appeals ARC will consist of the Accountability Case Reviewer, Administrator, three (3) newly appointed case reviewers, and the NARM Executive Director
 - 1. The Appeals ARC will receive all chart notes and relevant records pertaining to the case, including recordings of initial interviews.
 - 2. The Appeals ARC will receive access to any new material facts and/or circumstances that were not available during the initial deliberations.
 - 3. The Appeals ARC upon review of documents will meet for deliberation and to prepare for interview with the Respondent.
 - 4. Following interview with Respondent, the Appeals ARC will meet to deliberate and issue a final determination on the case.
- H. All findings made by the Appeal committee are to be considered final.
 - 1. Notice of Appeal determinations will be sent via certified mail.
 - 2. The Appeals ARC shall render its decision within ninety (90) days.
 - 3. In the case of revocation of the CPM credential, notice will be made public on the NARM website.
 - 4. In the case of revocation, the state regulatory agency or licensing board will be notified.

Complaint and Review Process



Glossary of Terms Used in Policy

Accountability Administrator: Accountability Program (AP) staff. Responsible for handling documents and documentation, communications, and other programmatic work. Works collaboratively with Case Coordinator to facilitate implementation of Accountability Case Review Process. A member of the Accountability Review Committee (ARC). Holds decision making ability in conjunction with the Accountability Case Coordinator, ARC and the Executive Director.

Accountability Case Coordinator: Accountability Program (AP) staff. A member of the Accountability Review Committee (ARC). Responsible for implementation of the Accountability Case Review Process, training staff and volunteers in Case Review Process, alignment of policy across programs at NARM. Directs the assignment of volunteer Case Reviewers

Accountability Program: Two staff members. An Accountability Case Coordinator and Accountability Administrator. The program receives complaints against a CPM or CPM applicant (Respondent), implements the Accountability Case Review Policy and Process, coordinates with the Executive Director to align policy across NARM programs. Participates in data collection pertaining to complaints and case reviews for the purpose of quality improvement.

Accountability Review Committee(ARC): Accountability Case Coordinator, and Accountability Administrator, and three (3) volunteer Case Reviewers. Responsible for reviewing charts and other documentation pertaining to a complaint filed with the Accountability Program (AP) against a CPM (Respondent), conducting interviews with the Respondent and other individuals with direct knowledge of the case, and making determinations regarding violations of midwifery standards and issuing sanctions when indicated.

Accountability Reviewer Pool (ARP): A pool of volunteer CPMs trained as case reviewers whose role is to participate on the Accountability Review Committee in response to complaints filed against a midwife holding the CPM credential (the Respondent).

Appeal: A formal request to reverse a previous decision regarding a specific case made by a Respondent to the Accountability Program. Requires Respondent to provide additional material facts that were not available at time of initial case review, or evidence that NARM ARC did not follow AP policy and procedure during the course of initial review.

Case Review: The process engaging the Accountability Review Committee (ARC) in the review of a complaint filed against a CPM (Respondent), all records pertaining to the event in question, and interview of the Respondent for the purpose of determining if violations of midwifery standards occurred.

Confidentiality: When applied to the Accountability Case Review, implies that all information, including but not limited to, details of the complaint, identity of the complainant, client or others directly involved in the case, or factual information found in records that is disclosed in the Case Review process will not be shared by anyone who participates in the Case Review. Any discussions surrounding the complaint and Case Review will be conducted only during formal and secure Accountability Review Committee (ARC) meetings. In the event of a revocation, a public notice of revocation will be posted on the NARM Accountability Program website. Details of the case will not be disclosed. In the event a subpoena is issued to NARM for documents pertaining to a Case Review, these documents are not protected under NARM Accountability Program confidentiality agreements

Complainant: An individual who files a formal complaint with NARM Accountability Program (AP) regarding the conduct of a CPM. As per Accountability Policy a complainant may be a client, state licensing board or regulatory body, a state QA program or an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint

Complaint: A formal complaint filed against a CPM alleging misconduct as outlined in the AP Policy. Complaints must be formally filed with the Accountability Program using the standard complaint form available on the NARM website or by request in paper format.

Entity: A facility or organization including a hospital, medical office, emergency response facility, or insurer.

Revocation: Immediate and permanent removal of the CPM credential. A midwife will no longer be allowed to identify as a Certified Professional Midwife in any capacity. Revocation notices will be made public on NARM Accountability website. When applicable, states utilizing the CPM credential for regulatory purposes will be notified of the revocation.

Secure portal: NARM will maintain an encrypted portal for the submission of documents pertaining to complaints and the case review process. Access will be granted to Accountability Review Committee (ARC) members and Accountability Program staff when participating in a case review.

Respondent: A CPM who has had a complaint filed against them and is now in the process of investigation by NARM Accountability Program (AP).

Suspension: temporary suspension of the CPM credential for a determined period of time, and whose reinstatement is contingent upon completion of prescribed remediation efforts.

Unprofessional Conduct: Actions or omissions that compromise client safety, quality of care or professional integrity. Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance, device, supplement in a manner inconsistent with widely accepted standards; falsification of vaccination or other health records.