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# Preceptor Verification of Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Form 202

Applicant's Name: \_\_\_\_\_ Last four digits of Social Security #: \_\_\_\_\_

**Make a copy of this Form 202 for each preceptor** who has initialed skills in the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a*. They must fill out this form.

Preceptor Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, affirm and have witnessed that the applicant, \_\_\_\_\_, has acquired and is proficient in the performance of the skill(s) that I initialed on the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a*.

**By checking this box, I affirm I was a NARM Registered Preceptor at the time of verifying the skill and/or clinical.**

**Preceptors for International Births:**

I have received approval to serve as a preceptor (for skills and clinicals received in out of country sites **only**) from the NARM Board and am including a copy of the letter.

I affirm that I have read and understand the NARM Policy Statement on Preceptor/Student Relationships.

Preceptor's Signature: \_\_\_\_\_

Preceptor's Initials: \_\_\_\_\_ Date: \_\_\_\_\_