

Entry-Level PEP

Entry-Level PEP candidates must:

Step 1: Complete NARM's Portfolio Evaluation Process (PEP)

- A. Fulfill the General Education Requirements (described in the *Candidate Information Booklet (CIB)*).
- B. Complete the General Application Form 100 and PEP Application forms.
- C. Experience in specific settings:
 - A minimum of five home births must be attended in Phases 1, 2, and/or 3.
 - A minimum of two planned hospital births must be included in Phase 1. These cannot be intrapartum transports but may be antepartum referrals.
- D. Provide verification from the NARM Registered Preceptor(s) that the applicant has achieved proficiency on each area listed on Form 201a - *Skills, Knowledge, and Abilities Essential for Competent Practice Verification Form*.
- E. Submit copies of both sides of **current** adult CPR **and** neonatal resuscitation certification.
- F. Provide a statement from the NARM Registered Preceptor(s) asserting that the applicant utilizes:
 1. Practice Guidelines;
 2. Emergency Care Form;
 3. Informed Disclosure (given at initiation of care); and
 4. Informed Consent documents (used for shared decision making during care).
- G. Provide three letters of reference (personal, professional and client). All three letters *must* be sent directly to NARM by the individual providing the reference, **not by the applicant**.
- H. Submit documentation of workshop, course, or module on cultural awareness.
- I. Complete the Second Verification of Skills Form 206.

Upon fulfillment of the above requirements, the applicant will be sent a Letter of Completion of NARM's Portfolio Evaluation Process (PEP) Phases 1-3.

Step 2: Written Examination

- A. Submit PEP CPM Application Checklist Form 400 (which will be sent to you with your Letter of Completion of NARM's PEP Process) and test fee.
- B. Send Letter of Completion of NARM's PEP as verification of experience and skills.
- C. Pass the NARM Examination.

Step 3: Certification

- A. Submit Phase 4 requirements.
- B. Submit any outstanding documentation or updated CPR/neonatal resuscitation.

Instructions for the PEP Entry-Level Forms

Clinical training documented in Phases 1-3 must span a minimum of two years and a maximum of ten years. All clinicals documented on the PEP Entry-Level application must have occurred in the U.S./Canada.

Phase 1: Births as an Observer

Document attendance at ten births in any setting, in any capacity (observer, doula, family member, friend, beginning student). *You cannot count your own personal birth.* These births may be verified by any witness who was present at the birth. This form may be submitted prior to or along with Phases 2 or 3. Births on this form should not be included on any other form.

Phase 2: Clinicals as Assistant Under Supervision

Document at least 20 births, 25 prenatal (including three initial exams), 20 newborn exams, 10 postpartum visits as an assistant under the supervision of a NARM Registered Preceptor. Eighteen births in this category must be completed before beginning Primary Under Supervision births. Documented assists should show increasing responsibility. Determination of readiness for serving as Primary Under Supervision is at the discretion of the supervising preceptor and may require more births as an assistant before moving to the next step.

Phase 3: Clinicals as Primary Under Supervision

Document 20 births, 75 prenatal (including 20 initial prenatal), 20 newborn exams, and 40 postpartum exams as a primary midwife under supervision. Two intrapartum transports are allowed if labor began in an Out of Hospital (OOH) setting. CPR and neonatal resuscitation are submitted with this phase. The verification of Knowledge and Skills (Form 201a) will be submitted with this phase as well as the Second Verification of Skills (Form 206). The Knowledge and Skills list will include verification of both the knowledge base and the performance of skills in a clinical setting. The student is eligible to register for the NARM Examination once the first three phases have been submitted and approved.

- **Continuity of Care:**

Of the 20 primary births required under supervision in Phase 3, five require full Continuity of Care (COC), and ten more require at least one prenatal under supervision.

- **Full Continuity for five Primary Births:**

Five Continuity of Care as a primary midwife under supervision will include five prenatal spanning at least two trimesters, the birth, newborn exam and two postpartum exams. Multiple preceptors can verify the continuity of care. The newborn exam must be done within 12 hours of the birth; maternal postpartum exams must be done between 24 hours and six weeks following the birth.

- **Prenatal for ten additional Primary Under Supervision births:**

Students must have attended at least one prenatal with the mother prior to her labor and birth for ten of the 20 primary births under supervision in Phase 3 (in addition to the five with full COC).

Phase 4: Five Additional Births as Primary Under Supervision:

Document five additional births as primary under the supervision of a Registered Preceptor. These births must have occurred after completion of all Phase 2 requirements and may be submitted before or after the NARM Examination. As with Phase 3, the preceptor holds final responsibility for all prenatal care, the birth, and postpartum care done by the student. Only one maternal transport may be included if the labor begins in the OOH setting. Submission of this form is expected within six months of passing the examination unless a request for an extension is made.

A NARM Registered Preceptor is defined as a primary midwife who has current, approved registration through NARM. The Registered Preceptor:

- Must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or they must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, they must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years;
- Must have completed the NARM Preceptor Registration Form 700 and remain current with their registration;
- Is responsible for the prenatal, intrapartum, postpartum, and/or newborn care; and
- Is physically present in the same room in a supervisory capacity during that care in which this applicant acted as primary under supervision.

The preceptor privileges of some midwives have been revoked. It is the student's responsibility to verify the preceptor's status by asking their preceptor or contacting NARM.

Effective January 1, 2017, NARM Preceptors must be registered before supervising any clinicals documented on a student's NARM Application. Skills/clinicals signed off after that date by a preceptor who is not registered with NARM will be invalid.