
Checklist for Entry-Level Midwife, Form 110 - Phase 1, Births as an Observer

- ✓ Important: Send all application materials in one package; Phases may be submitted as completed. Incomplete applications or applications that are not legible will be returned.
- ✓ Use **only** official NARM Forms for **all** materials submitted. **Do not make up forms.**
- ✓ Make a copy of all completed NARM Application Forms filled out in English. Send the original with the application and **keep a copy for your records.**
- ✓ Applications should not be submitted in binders or plastic sleeves.
- ✓ All supportive documentation (licenses, diplomas, certificates, transcripts, etc.) must be translated into English with a notarized copy of the original and the translation. The notary must be fluent in both languages.
- ✓ All fees must be paid by credit card. You will receive an invoice by email with a direct link for credit card payment once your form has been received and logged in. NARM does not accept cashiers checks, money orders, or personal checks. All fees are non-refundable. Fees are no longer listed on this application, but they are detailed on our website here: narm.org/billing.
- ✓ Only applications with paid invoices will be sent forward for review. Application invoices not paid after 30 days will be suspended and the invoice canceled. Reactivation of an application requires an additional fee (see narm.org/billing) and can be requested by contacting the applications department at support@narm.org. You will then receive a new invoice for the original amount plus the reactivation fee.
- ✓ Phase 1, Births as an Observer may be submitted prior to or along with Phases 2 or 3.

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

Return this checklist along with the following:

- General Application Form 100 (if not sent previously with Phase 2)
- A copy of **current** legal photo identification—passport or driver's license (if not sent previously)
- A head and shoulders photo taken within the last six months with the applicant's signature on the back (if not sent previously)
- Births as an Observer Form 110a
- Phase 1 Application Fee [You will be invoiced once your form has been received and logged in.]
- This Checklist Form 110

When all application documents in Phase 1 are completed, mail the original (and keep a copy for your records) to:

NARM Applications
PO Box 439
Columbia, TN 38402

Applications mailed to other NARM offices will be returned.

Births as an Observer Form 110a - Phase 1, 1 of 2

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

Email address: _____ Phone: _____

Document attendance at ten births in any setting in any capacity (observer, doula, family member, friend, beginning student, etc.). *You cannot count your own personal birth.* These births may be verified by any witness who was present at the birth.

Two planned hospital births must be documented in Phase 1. At least five home births must be documented in Phases 1, 2, and/or 3.

Births on this form must be listed in chronological order and may not be listed on other forms.

This form may be submitted prior to or along with Phases 2 or 3.

Birth #	Client # or Code	Date of Birth	Planned setting for birth ¹	Actual site of birth ¹	Brief description of observer's role	Witness ² Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

¹Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.)

²Witness: anyone other than the applicant present at the birth shall initial this column.

The column for "Preceptor/Witness Initials" must *only* be initialed by the actual preceptor/witness.

Entry-Level Midwife

Births as an Observer Form 110a, - Phase 1, 2 of 2

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

To be filled out and initialed by **each** witness listed on Births as an Observer Form 110.

Print Witness(es) Name, Address, Phone	E-Mail address	Witness Initials
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		