

# Checklist for Entry-Level Midwife, Form 111

## Advancement of Midwifery Skills and Decision-making Towards being a Primary Midwife

### Phase 2, Assistant Under Supervision, page 1 of 2

- ✓ **Confirm that all preceptors are current NARM Registered Preceptors.** Since January 1, 2017, NARM has required that all preceptors to be registered with NARM before supervising any clinicals documented on a student's NARM Application. Skills/clinicals signed off by a preceptor who is not registered with NARM will be invalid.
- ✓ **Important:** Send all application materials in one package. Phases 1 and 2 may be submitted as completed. Incomplete applications or applications that are not legible will be returned.
- ✓ 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.**
- ✓ Use only official NARM Forms for all materials submitted (including reference letters). Do not make up forms.
- ✓ 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.
- ✓ Fees are payable by money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. All fees are non-refundable.

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

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Return this checklist along with the following:

- General Application Form 100 (if not sent previously).
- Phase 2 Application Fee  
**\$450:**
  - Certified check or money order in U.S. funds made payable to "NARM" (no personal checks), or
  - Credit card. You will receive an invoice by email with a direct link for credit card payment once your application has been received and logged in.
- A copy of **current** legal photo identification—passport or driver's license (if not previously submitted).
- A head and shoulders photo taken within the last six months with the applicant's signature on the back (if not previously submitted).

**Definition—Assistant Under Supervision:** A student midwife who is being taught to perform the skills of a midwife through hands-on clinical experience in gradually increasing degrees of responsibility. Attending births in the capacity of a professional birth assistant is a distinct role and does not qualify as an Assistant Under Supervision for purposes of Phase 2. Documentation of Phase 2 births, prenatal, postpartum, etc., should be signed only if the preceptor agrees that the expectations of advancing skills and responsibility have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

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## Checklist for Entry-Level Midwife, Form 111; Advancement of Midwifery Skills and Decision-making Towards being a Primary Midwife; Phase 2, Assistant Under Supervision, page 2 of 2

- Births as Assistant Under Supervision Form 111a-d documenting the following minimum requirements: (The applicant must fill in **each** space or cross through it for **each** birth or procedure **before** the Registered Preceptor signs.) **ALL** births and clinicals must be listed on the original form. If it's necessary to send forms for initials, the applicant may use copies of the forms listing only those births. However, the births on those copies **MUST** be on the same line as they appear in the original application form listing all births. Functioning in the role of assistant midwife under supervision, the applicant must attend a minimum of:

- A. 20 births **documented on Form 111a**
- B. 25 prenatal exams (including at least three initial prenatal exams) **documented on Form 111b**
- C. 20 newborn exams (within 12 hours of birth) **documented on Form 111c**
- D. 10 postpartum exams (over 24 hours after birth) **documented on Form 111d**

At least 18 Assistant Under Supervision births must be completed before starting Primary Under Supervision births. The other Assistant Under Supervision clinicals must be completed before taking on a primary role (ie, must complete all 25 Assistant Under Supervision prenatals before starting Primary Under Supervision Prenatals).

**Each** Preceptor who initialed a birth listed on Births as Assistant Under Supervision Form 111a-d, must be listed on **List of Registered Preceptors for Birth Experience Form 111f** and must individually fill out a copy of **Verification of Birth Experience Form 111g**.

- Summary of all Procedures Form 111e affirming attendance as an Assistant Under Supervision at: 20 births; 25 prenatal exams (including at least three initial prenatal exams); 20 newborn exams; and 10 postpartum exams.
- List of Registered Preceptors for Birth Experience Form 111f describing every Preceptor who signed Assistant Under Supervision Form 111a-d.
- A Verification of Birth Experience Form 111g filled out by each Preceptor listed on List of Registered Preceptors for Birth Experience Form 111f.
- This Checklist Form 111.

When all application documents in Phase 2 are completed, mail the original (keep a copy for your records) to:

NARM Applications  
P.O. Box 420  
Summertown, TN 38483

Applications mailed to other NARM offices will be returned.

**Advancement of Midwifery Skills and Decision-making Towards being a Primary Midwife; Births as Assistant Under Supervision Form 111a - Phase 2**

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

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Carefully** read instructions for filling out this form. List these births in chronological order. Only Assistant under Supervision clinicals should be listed below. Primary clinicals should be listed on Forms 112a-e.

**Note to the Preceptor: Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.**

Birth #	Client # or Code	Prenatals		Birth Site <sup>1</sup> *	Date of Birth	New-born Exam y/n?	# PP Visits	Transport y/n? <sup>2</sup>	Preceptor Initials	Assist skills demonstrated by student: ( <sup>3</sup> skill level must increase during the assist phase)
		Initial y/n?	# Visits							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

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

<sup>2</sup>No more than four transports allowed on this form.

<sup>3</sup>It is up to the preceptor to determine if more assists are necessary, but only 20 will be documented on this form noting increasing responsibilities in the comment section.

# Prenatal Exams as Assistant Under Supervision Form 111b - Phase 2

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

This form must document a total of 25 Prenatal Exams including at least three Initial Prenatal Exams.

**Carefully** read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

**Note to the Preceptor:** Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Prenatal Exam	Initial Prenatal Exam y/n?	Preceptor Initials	Comments about Prenatal Exam
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

# Newborn Exams as Assistant Under Supervision Form 111c - Phase 2

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

**This form must document a total of 20 Newborn Exams within 12 hours of the birth.**

**Carefully** read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

"Client # or Code" must be the same for client *and* newborn.

**Note to the Preceptor:** Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Newborn Exam	Preceptor Initials	Comments about Newborn Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

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## Postpartum Exams as Assistant Under Supervision Form 111d - Phase 2

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

**This form must document a total of ten postpartum exams done 24 hours after the birth to six weeks postpartum.**

**Carefully** read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

**Note to the Preceptor: Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.**

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials	Comments about Postpartum Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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## Summary of all Procedures Form 111e as Assistant Under Supervision - Phase 2

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

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, affirm that I attended as an Assistant Under Supervision:

20 births

25 prenatal exams (including at least three initial prenatal exams)

20 newborn exams

10 postpartum exams

I also affirm that all of the information I have recorded in the "Births as Assistant Under Supervision Form 111a-d is true and correct to the best of my ability.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## List of Registered Preceptors for Birth Experience Form 111f - Phase 2

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

**Please make certain all preceptors are NARM Registered Preceptors and  
meet the qualifications as described in the instructions section  
"NARM Policy Statement on Preceptor/Student Relationships."**

Below, print the name, address and phone of each Preceptor who initialed a birth or clinical listed on Assistant Under Supervision Forms 111a-d.

Print name, address and phone number of each Preceptor	Preceptor Initials
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



## Verification of Birth Experience Form 111g - Phase 2

To be filled out by the preceptor

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

Applicant's email address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I, \_\_\_\_\_, affirm that the applicant, \_\_\_\_\_, was acting as **Assistant Under Supervision**.

I affirm that I am a **primary midwife** who was responsible for the prenatal, intrapartum, postpartum and/or newborn care initiated on Births as Assistant Under Supervision Forms 111a-d and that I was physically present in the same room in a supervisory capacity during that care in which this applicant acted as **Assistant Under Supervision**. I understand if I sign off on **any** experiences I did not physically witness, I risk losing the ability to sign as a preceptor in the future and also risk losing my NARM certification.

I understand that the NARM Applications Department may request specific charts for audit purposes.

I affirm that I have read and understand the current CIB, definitions, NARM Policy Statement on Preceptor/Student Relationships, the Step-by-Step Guidelines for Preceptors, and all related directions in the application.

**I affirm I supervised and was in the room for the following procedures that I have signed off on Form 111 in which this applicant acted as Assistant Under Supervision:**

Number of births (111a): \_\_\_\_\_ Number of initial prenatal exams (111b): \_\_\_\_\_

Number of prenatal exams (111b): \_\_\_\_\_ Number of newborn exams (111c): \_\_\_\_\_

Number of postpartum exams (111d): \_\_\_\_\_

**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** (for clinicals prior to June 1, 2014):

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.

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

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