
Checklist for Entry-Level Midwife, Form 112 – Phase 3, Primary Under Supervision page 1 of 4

Step 1: Instructions

- A. Complete Phases 1 and 2.
- B. Provide verification of **current** Adult CPR **and** neonatal resuscitation certification.
- C. Confirm that two non-transport hospital births were submitted in Phase 1.
- D. Confirm that five home births were submitted in Phases 1, 2, and/or 3.
- E. Complete Forms 112a-e. 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 pre-natals before starting Primary Under Supervision Prenatals).
- F. Provide verification from the 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.
- G. Complete and submit Form 205a from the 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).
- H. 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.

Births as Primary Under Supervision Form 112a-e documents 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.)

- I. Functioning in the role of primary midwife under supervision, the applicant must attend a minimum of
 - A. 20 births **documented on Form 112a** which show the following:
 1. A minimum of 10 of the 20 births must be in homes or other out-of-hospital settings, not including transports; and
 2. A minimum of 10 out-of-hospital births must have been within the last three years; and
 3. A minimum of five of the 20 births must be with women for whom the applicant has provided primary care during at least five prenatal visits over two trimesters, the birth, newborn exam, and two postpartum exams; and
 4. A minimum of 10 births must include at least one prenatal visit in addition to the Continuity of Care births; and
 5. No more than two of the births attended may be transports as defined in the CIB glossary.
 - B. 20 initial prenatal exams **documented on Form 112b**
 - C. 55 additional prenatal exams **documented on Form 112c**
 - D. 20 newborn exams **documented on Form 112d**
 - E. 40 postpartum exams **documented on Form 112e**

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

Email address: _____ Phone: _____

Form 112f is a summary form to make sure you have documented the necessary procedures above.

- ✓ The Applicant must have access to the original client charts for all births and procedures documented on Form 112a-e. The original client charts shall be kept by the Registered Preceptor. The NARM Applications Department may request specific charts for audit purposes.
- ✓ Protect the privacy of the applicant's clients by identifying each reported birth and/or exams on all Forms with a unique client code under "Client # or Code," using the same code for the same client throughout the application. Repeat clients need to have a different code for each pregnancy. Do not use first or last names.

Each Registered Preceptor who initialed a birth or clinical on Primary Under Supervision Form 112a-e must be listed on **List of Registered Preceptors for Birth Experience Form 112g** and must individually fill out a copy of **Verification of Birth Experience Form 112h**.

Step 2 – Checklist

- ✓ **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 must be sent in with Phase 3 unless previously submitted. 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.

Checklist for Entry-Level Midwife, Form 112 - Phase 3, page 3 of 4

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

Return this checklist along with the following:

- Phase 3 Application Fee. [You will be invoiced once your form has been received and logged in.]
- Copies of both sides of **current** Adult CPR **and** neonatal resuscitation certification. Both CPR and neonatal resuscitation require a hands-on skills evaluation by a certified instructor. NARM strongly encourages CPR be a Health Care Provider course.
- Documentation of successful completion of workshop, course, or module on cultural awareness.
- Births as Primary Under Supervision Form 112a-e. **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.
- Summary of all Procedures Form 112f affirming attendance as an Primary Under Supervision at: 20 births; 20 initial prenatal exams; 75 prenatal exams; 20 newborn exams; and 40 postpartum exams.
- List of Registered Preceptors for Birth Experience Form 112g describing every preceptor who signed Primary Under Supervision Form 112a-e.
- A Verification of Birth Experience Form 112h filled out by each preceptor listed on List of Registered Preceptors for Birth Experience Form 112g.
- Birth Experience Background Form 102.
- Continuity of Care—Practical Experience Form 200.
- Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a.
- Preceptor Verification Form 202 (each preceptor who has verified skills on the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201a must complete a copy).
- Document Verification Form 205a and Form 205b.
- Second Verification of Skills Form 206.
- Confirm that two non-transport hospital births were submitted in Phase 1.
- Confirm that five home births were submitted in Phases 1, 2, and/or 3.
- This Checklist Form 112.

Definition—Primary Under Supervision: An apprentice midwife who provides all aspects of care as if they were in practice, although the supervising midwife has primary responsibility and is present in the room during all care provided. For Primary Under Supervision Births this includes labor management, the birth including the placenta, and immediate postpartum care. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if the preceptor agrees that expectations 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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Applicant's Name: _____ Last four digits of Social Security #: _____

A record of the individuals to whom Reference Letter Forms 101 a, b, & c were sent—

Letter of Reference Form 101a, Personal

Name: _____ Date sent: _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (_____) _____

Letter of Reference Form 101b, Professional

Name: _____ Date sent: _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (_____) _____

Letter of Reference Form 101c, Client

Name: _____ Date sent: _____

Address: _____

City: _____ Province/State: _____ Zip Code: _____

Phone Number: (_____) _____

When all application documents 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.

Please allow at least four months from application submission to NARM Examination eligibility.

Births as Primary Under Supervision Form 112a

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

Carefully read instructions for filling out this form. List births in chronological order. Only Phase 3 clinicals should be listed on this form. Assistant Under Supervision clinicals should be listed on Forms 111a-d.

Circle the Birth # if the birth is being used as a Continuity of Care birth listed on Form 200. An additional ten births must include at least one prenatal.

Note to the preceptor: Every space for each clinical must be completed or crossed out 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 ¹ *	Date of Birth	New-born Exam y/n?	# PP Visits	Transport y/n? ²	Preceptor Initials	Outcome ³ : including actions, complications transfers, etc.
		Initial y/n?	# Visits							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
Totals (y=1):										# out-of-hospital births ⁴ : _____

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

³The "Outcome" should be very brief—a few words or a simple sentence, but please fill in the description for **every** birth reported.

²Include no more than two transports

⁴See definition in *Candidate Information Booklet (CIB)*; must document a minimum of ten out-of-hospital births (not including transports).

Initial Prenatal Exams Form 112b as Primary Under Supervision

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

Email address: _____ Phone: _____

This form must document a total of 20 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 3 clinicals should be listed on this form.

Note to the preceptor: Every space for each clinical must be completed or crossed out 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 Applicant did Initial Prenatal Exam	Preceptor Initials	Comments about Initial Prenatal Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Additional Prenatal Exams Form 112c as Primary Under Supervision

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

Carefully read instructions, and list these exams in chronological order. Only Phase 3 clinicals should be listed on this form. Do not include initial visits from Form 112b.

Exam #	Client # or Code	Date of Prenatal Exam	Preceptor Initials
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			
26			
27			
28			

Note to the preceptor: Every space for each clinical must be completed or crossed out 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	Preceptor Initials
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			

Newborn Exams Form 112d

as Primary Under Supervision

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, and list these exams in chronological order. Only Phase 3 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 birth must be completed or crossed out 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				

Postpartum Exams Form 112e as Primary Under Supervision

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

This form must document a total of 40 postpartum exams done 24 hours after the birth to six weeks postpartum.

Carefully read instructions, and list these exams in chronological order. Only Phase 3 clinicals should be listed on this form.

Note to the preceptor: Every space for each clinical must be completed or crossed out 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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

Summary of all Procedures Form 112f as Primary Under Supervision

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

Email address: _____ Phone: _____

I, _____, affirm that I attended and documented 20 births: at least ten of which were in homes or other out-of-hospital settings during the three years prior to this NARM application; at least five of the 20 births were with women for whom I provided primary care during at least five prenatal visits, birth, newborn exam and two postpartum exams; ten additional primary births included at least one prenatal visit, and no more than two of the births attended were transports.

I affirm that I performed and documented 20 initial prenatal exams.

I affirm that I performed and documented 75 prenatal exams (may include the 20 initial prenatal exams).

I affirm that I performed and documented 20 newborn exams within 12 hours of the birth.

I affirm that I performed and documented 40 postpartum exams done 24 hours after the birth to six weeks postpartum.

I also affirm that all of the information I have recorded in the "Births as Primary Under Supervision Form 112a-f is true and correct to the best of my ability and that I can provide written documentation that I attended each of the births and procedures I have described herein in the capacity of "primary midwife under supervision."

I will provide copies of the clients' charts with names blanked out and coded with numbers that match birth codes on Forms 112b-f in the event my application is audited.

Applicant's Signature: _____

Date: _____

List of Registered Preceptors for Birth Experience Form 112g

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

Email address: _____ Phone: _____

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 Primary Under Supervision Forms 112a-e.

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 112h - Phase 3

To be filled out by your preceptor.

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

Email address: _____ Phone: _____

Preceptor Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

I, _____, affirm that the applicant, _____, was acting as **Primary Under Supervision** which is defined as a student midwife who provides all aspects of care as if they were in practice, although a supervising midwife has primary responsibility and is present in the room during any care provided.

I affirm that I am a **primary midwife** who was responsible for the prenatal, intrapartum, postpartum and/or newborn care initialed on Births as Primary Under Supervision Forms 112a-e and that I was physically present in the same room in a supervisory capacity during that care in which this applicant acted as **Primary 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 in which this applicant acted as Primary Under Supervision:

Number of births: _____ Number of initial prenatal exams: _____

Number of prenatal exams: _____ Number of newborn exams: _____

Number of postpartum exams: _____

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 births 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: _____