
Checklist for Entry-Level Midwife, form 113 - Phase 4, Additional Births as Primary 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; Phase 4 may be submitted with Phase 3 or up to six months after you have passed the NARM Examination. 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 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.

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

Return this checklist along with the following:

- Phase 4 Application Fee. [You will be invoiced once your form has been received and logged in.]
- Additional Births as Primary Under Supervision Form 113a documenting the following minimum requirements:
 - Functioning in the role of primary midwife under supervision, the applicant must attend a minimum of five additional births.
 - As with Phase 3, the preceptor holds final responsibility for all prenatal care, the birth, and postpartum care done by the student.
 - No more than one of the births attended in Phase 4 may be a transport. A transport is defined as "someone transferred during labor to another primary care giver prior to the birth of the baby."
 - Submission of this form is expected within six months of passing the NARM Examination unless a request for an extension is made.

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

Email address: _____ Phone: _____

- List of Registered Preceptors for Birth Experience Form 113b describing every preceptor who signed Primary Under Supervision Form 113a.
- One copy of the Verification of Birth Experience Form 113c for each preceptor listed on List of Registered Preceptors for Birth Experience Form 113b. **Each** preceptor who initialed a procedure listed on Primary Under Supervision Form 113a must be listed on **List of Registered Preceptors for Birth Experience Form 113b** and must individually fill out a copy of **Verification of Birth Experience Form 113c**.
- This Checklist Form 113.

When all application documents in Phase 4 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.

Additional Births as Primary Under Supervision Form 113a - Phase 4

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

Email address: _____ Phone: _____

Please **carefully** read instructions for filling out this form and what it must document, and list these five additional births attended as Primary Under Supervision in chronological order. Only Phase 4 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.

Birth #	Client # or Code	Prenatals		Birth Site ¹ *	Date of Birth	New-born Exam y/n?	# PP Visits	Transport y/n? ²	Pre-ceptor Initials	Outcome ³ : including actions, complications transfers, etc.
		Initial y/n?	# Visits							
1										
2										
3										
4										
5										

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

²Include no more than one transport

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

I, _____, affirm that I have attended and documented these five births as Primary Under Supervision listed above and this information is true and correct to the best of my ability and that I can provide written documentation that I attended each of the births I have described herein in the capacity of "Primary Midwife Under Supervision."

Applicant's Signature: _____

Date: _____

List of Registered Preceptors for Birth Experience Form 113b

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 listed on Additional Births as Primary Under Supervision Form 113a.

	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 113c - Phase 4

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 Births as Primary Under Supervision Form 113a 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 number of births in Phase 4 that I have signed off on in which the applicant acted as primary under supervision:

Number of births: _____

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: _____