# Letter of Reference Form 101a, Personal Page 1 of 2

DearAs part of my application been asked to provide letter to my practice as a midwife NARM requires <b>this form</b> NARM Applications, P.	n to be	efere e co x 42	mpl 20, S	e fro eteo Sum	om indi	ividuals who have p signed. Attach addit wn, TN 38483.	ersonal knowled	lge	of a	and	can	attest
This letter of reference is Thank you very much.	conf	iden	itial	and	d will r	ot be released to th	e applicant.					
Applicant's Name:												
Applicant's Signature:												
Your Name: Professional Title (if applica												
Address:												
City:												
Phone Number: () _ If we feel a phone call is ned How long have you known t	cessa	ry, w	/hat	is a	good	time to reach you?						
<ol> <li>What is your association another sheet of paper, it</li> </ol>				_			elevant to midwi	fery	/? (F	Plea	ise l	use
Please rate the applicant being excellent—	's prof	fess	iona	al qu	ıalities			ı 1 l	oein	g po	oor :	and 5
problem-solving skills recognizing limitations		2			5 5	good judgment tolerance			2		4 4	_
self confidence follow-through	1	2 2	3	4	5	ability to handle	e stress d listening skills	1	2	3	4	5 5 5
Comments:												

#### Letter of Reference Form 101a, Personal Page 2 of 2

3.	Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
4.	Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
	Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.
Ι, _	counts herein contained concerning, do hereby affirm that the information and personal actrue.
Si	nature: Date:

# Letter of Reference Form 101b, Professional Page 1 of 2

Dear						est
This letter of reference is <b>c</b> Thank you very much.	onfidenti	<b>al</b> and will not	be released to the	applicant.		
Applicant's Name:						
Applicant's Signature:				-		
Your Name:				Date:		
Professional Title (if applicable						
Address:						
City:			ate:	Zip Code:		—
Phone Number: ()			me to reach you?			
lf we feel a phone call is nece How long have you known the						
When was the last time you □						
What is your association was another sheet of paper, if n	ith or knov	vledge of the	applicant that is rele			
2. Please rate the applicant's being excellent— problem-solving skills recognizing limitations self confidence follow-through	1 2 3 1 2 3 1 2 3 1 2 3	3 4 5 3 4 5 3 4 5 3 4 5	good judgment tolerance ability to handle s interviewing and l	1 1 tress 1 istening skills 1	2 3 4 5 2 3 4 5 2 3 4 5	5

### Letter of Reference Form 101b, Professional Page 2 of 2

SIG	nature: Date:
	true.
Ι, _	, do hereby affirm that the information and personal accounts herein contained concerning (name of applicant) are
	Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.
	Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
	Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
	Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you

# Letter of Reference Form 101c, Client Page 1 of 2

Dear As part of my application for been asked to provide letters of to my practice as a midwife.  NARM requires <b>this form</b> to Mail to:  NARM Applications, P.O.  This letter of reference is <b>co</b> Thank you very much.  Applicant's Name:	of reference from to to be completed and Box 420, Summe confidential and w	individuals who have nd signed. You may a ertown, TN 38483. ill not be released to	personal knowledge attach additional page the applicant.	of and can attest
Your Name: Professional Title (if applicable				
Address:				
City:	Provin	ce/State:	Zip Code:	
Phone Number: ()				
If we feel a phone call is neces How long have you known the Site of Birth:  1. What is your association wi another sheet of paper, if ne	applicant?th or knowledge o	f the applicant that is		
2. Please rate the applicant's peing excellent—problem-solving skills recognizing limitations self confidence follow-through	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	good judgme tolerance ability to hand interviewing a	ent 1 1 dle stress 1 and listening skills 1	2 3 4 5

### Letter of Reference Form 101c, Client Page 2 of 2

3.	Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
4.	Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
5.	Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.
	, do hereby affirm that the information and personal accounts herein contained concerning (name of applicant) are true.
Si	gnature: Date: