
Letter of Reference Form 101a, Personal

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Dear _____,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. Attach additional pages if necessary. Mail to:
NARM Applications, P.O. Box 420, Summertown, TN 38483.

This letter of reference is **confidential** and will not be released to the applicant.
Thank you very much.

Applicant's Name: _____

Applicant's Signature: _____

Your Name: _____ Date: _____

Professional Title (if applicable): _____

Address: _____

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

Phone Number: (_____) _____

If we feel a phone call is necessary, what is a good time to reach you? _____

How long have you known the applicant? _____

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgment	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: _____

Letter of Reference Form 101b, Professional

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Dear _____,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

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Mail to:

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

This letter of reference is **confidential** and will not be released to the applicant.

Thank you very much.

Applicant's Name: _____

Applicant's Signature: _____

Your Name: _____ Date: _____

Professional Title (if applicable): _____

Address: _____

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

Phone Number: (_____) _____

If we feel a phone call is necessary, what is a good time to reach you? _____

How long have you known the applicant? _____

When was the last time you observed or worked beside the applicant? _____

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgment	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: _____

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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.

I, _____, do hereby affirm that the information and personal accounts herein contained concerning _____ (name of applicant) are true.

Signature: _____ Date: _____

Letter of Reference Form 101c, Client

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Dear _____,

As part of my application for Certification by the North American Registry of Midwives (NARM), I have been asked to provide letters of reference from individuals who have personal knowledge of and can attest to my practice as a midwife.

NARM requires **this form** to be completed and signed. You may attach additional pages if necessary.

Mail to:

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

This letter of reference is **confidential** and will not be released to the applicant.

Thank you very much.

Applicant's Name: _____

Applicant's Signature: _____

Your Name: _____ Date: _____

Professional Title (if applicable): _____

Address: _____

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

Phone Number: (_____) _____

If we feel a phone call is necessary, what is a good time to reach you? _____

How long have you known the applicant? _____

Site of Birth: _____

1. What is your association with or knowledge of the applicant that is relevant to midwifery? (Please use another sheet of paper, if necessary, for all answers.)

2. Please rate the applicant's professional qualities in the following areas from 1-5 with 1 being poor and 5 being excellent—

problem-solving skills	1	2	3	4	5	good judgment	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance	1	2	3	4	5
self confidence	1	2	3	4	5	ability to handle stress	1	2	3	4	5
follow-through	1	2	3	4	5	interviewing and listening skills	1	2	3	4	5

Comments: _____

