



*Midwifery Bridge  
Certificate Application*

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## **General Information on the Midwifery Bridge Certificate**

NARM, in collaboration with the US Department of Education (USDE) accredited education programs and US MERA professional organizations will administer and award the Midwifery Bridge Certificate to CPMs based on completion of 50 accredited approved continuing education contact hours (CEUs/CMEs/CNEs) within the five-year period prior to application. Required continuing education will be based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies. The list of approved continuing education will be maintained by NARM and regularly evaluated and updated. For as long as US MERA continues to operate, a committee from among those organizations will provide advice and consultation to NARM on this provision.

NARM requires recertification for all CPMs every three years. Recertification requires 25 continuing education credit hours and 5 hours of peer review. Continuing education acquired to meet the Midwifery Bridge Certificate will also count toward CPM recertification, but not all work accepted for recertification will count toward the Midwifery Bridge Certificate. CPMs are responsible for tracking their Continuing Education credit hours, documentation, and dates to meet both the CPM recertification requirements and the Midwifery Bridge Certificate requirements.

Courses must be accredited and listed under approved topics for each category. Where the information is available, links are provided on the individual category pages listed above. It is not necessary to only use these links, as continuing education sessions will be developed for state and national conferences as well as new on-line options in addition to those currently identified.

CEUs must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHON, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.

Continuing Education certificates must be submitted with the Midwifery Bridge Certificate application and must include the title of the course, the instructor signature, the accrediting agency, and the number of credit hours defined according to Maternal, Newborn, or Other Topics.

At least one course in both the Maternal and Newborn categories must include a hands-on component. The remaining credits may be from on-site or on-line courses.

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## **Requirements for the Midwifery Bridge Certificate**

- Must be a current CPM with Active Status
- Obtain and document a total of 50 CEUs/CMEs/CNEs within the five-year period prior to application, including:
  - A minimum of 15 contact hours in Category 1: Emergency Skills in Pregnancy, Birth, and the Immediate Postpartum
  - A minimum of 15 contact hours in Category 2: Emergency Skills for Newborn Care
  - A maximum of 20 contact hours in Category 3: Specific Topics Relevant to Midwifery Care based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies
- Completion of the Midwifery Bridge Certificate Application
- Payment of the \$210 fee

Please read the web page for each Category linked at: <http://narm.org/midwifery-bridge-certificate> for approved topics.

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## **Instructions for the Midwifery Bridge Certificate Application**

1. **All courses listed must meet the criteria identified on the Midwifery Bridge Certificate webpage at [narm.org/bridge-certificate](http://narm.org/bridge-certificate).**
2. All CEUs/CMEs/CNEs must have been completed in the past five years and must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
3. At least one course in both Categories 1 and Category 2 must include a hands on component.
4. Submit copies of all CEU certificates. These CEUs may also be used for your CPM recertification if completed within three years of submission. You will need to resend the CEU documentation with your recertification application.
5. Keep a copy of all application documentation for your records.
6. 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. If you wish to pay by 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. All fees are non-refundable.

Send all documentation and fees to:

North American Registry of Midwives  
Midwifery Bridge Certificate  
P.O. Box 420  
Summertown, TN 38483

Applications mailed to other NARM offices will be returned.

**Keep a copy of this Midwifery Bridge Certificate Application  
and all CEU documentation for your records.**

**For purposes of the Midwifery Bridge Certificate, NARM uses the term “CEU” to refer to required continuing education, which may be documented in hours or in units.  
1 contact hour is equal to 0.1 units.**

Some continuing education workshops verify attendance based on hours while some verify based on units. In most circumstances 55 minutes in a workshop equals one contact hour or 0.1 unit. For example, a continuing education certificate might grant 8 contact hours or .8 units for the same time frame. These requirements of continuing education may be documented in a combination of formats (contact hours or units).

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*All forms must be filled out completely in English in black ink or typed.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

Please list any other names on supporting documents: \_\_\_\_\_

Have you registered with NARM under any other name(s)? \_\_\_\_\_

For a name change with NARM, you must send two copies of official documentation of name change (i.e. driver's license, passport, marriage certificate) or one notarized copy of documentation.

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

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*The address where you can most easily be reached.

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email address: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CPM#: \_\_\_\_\_

## Submit the following:

Fees are payable by money order, certified check, or credit card; personal/business checks are not accepted. All fees must be made payable to NARM in U.S. funds. All fees are non-refundable.

☐ Please submit fee of **\$210**:

- ☐ Certified check or money order in U.S. funds made payable to "NARM" or
- ☐ Credit card payment. 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 all CEU/CME/CNE certificates described in this form.

☐ Midwifery Bridge Certificate Application completed.

## Affirmation of Honest Intent of Representation:

I, \_\_\_\_\_, in applying for the Midwifery Bridge Certificate, do declare and affirm that the statements made in this application, including accompanying statements and documents, are true, complete, and correct. I understand my application may be denied if it contains any false or misleading information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Midwifery Bridge Certificate Application page 2 of 5

*All forms must be filled out completely in English in black ink or typed.*

Applicant's Name: \_\_\_\_\_

Use this form below to summarize your CEU/CME/CNE hours.

Also complete and submit the additional pages which itemize all CEUs received.

Description of CEUs	Minimum CEUs necessary	Maximum CEUs allowed	Your Number of CEUs
<b>Category 1:</b> Emergency Skills in Pregnancy, Birth, and the Immediate Postpartum.	15	35	
<b>Category 2:</b> Emergency Skills for Newborn Care.	15	35	
<b>Category 3:</b> Specific Topics Relevant to Midwifery Care based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies	0	20	
<b>Total number of CEUs submitted (must be at least 50)</b>			

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All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

## CEU Worksheet for Category 1 - Maternal

Applicant's Name: \_\_\_\_\_

### CEU Category 1; minimum 15 CEUs

**Any class or course work that is granted accredited CEUs/CMEs/CNEs in Emergency Skills in Pregnancy, Birth, and the Immediate Postpartum. At least one course must contain a hands on component.**

- These continuing education credits must come from the topics listed on the web page.
- CEUs must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
- Fill out the required information below.
- Attach copies of CEU certificates.

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Total CEUs for Category 1:** \_\_\_\_\_

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All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

## CEU Worksheet for Category 2 - Neonate

Applicant's Name: \_\_\_\_\_

### CEU Category 2; minimum 15 CEUs

**Any class or course work that is granted accredited CEUs/CMEs/CNEs in Emergency Skills for Newborn Care. At least one course must contain a hands on component.**

- These continuing education credits must come from the topics listed on the web page.
- CEUs must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
- Fill out the required information below.
- Attach copies of CEU certificates.

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Total CEUs for Category 2:** \_\_\_\_\_

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All forms must be filled out completely in English in black ink or typed. If space is needed for further listings, please copy or reprint this page.

## CEU Worksheet for Category 3 - Other

Applicant's Name: \_\_\_\_\_

### CEU Category 3; maximum 20 CEUs

**Any class or course work that is granted accredited CEUs/CMEs/CNEs in Specific Topics Relevant to Midwifery Care based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies.**

- These continuing education credits must come from the topics listed on the web page.
- CEUs must have been granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Depts., Nursing or Perinatal Associations, etc.
- Fill out the required information below.
- Attach copies of CEU certificates.

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Course Title:** \_\_\_\_\_

What organization approved credit for this course? \_\_\_\_\_

What organization or group sponsored this course? \_\_\_\_\_

Where attended (location of conference, program, etc.)? \_\_\_\_\_

Date attended: \_\_\_\_\_ Instructor/sponsor: \_\_\_\_\_

Number of CEUs granted: \_\_\_\_\_

**Total CEUs for Category 3:** \_\_\_\_\_