

*The North American Registry of Midwives*  
*Certified Professional Midwife (CPM)*

*NARM Preceptor  
Registration Form 700*

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## **NARM Preceptor Registration Form 700 Instructions**

Anyone who wishes to serve as a preceptor for a CPM applicant must use this form to register with NARM.

### **Checklist for preceptor registration with NARM:**

- Read the NARM Registered Preceptor Handbook.**
- Complete this Preceptor Registration Form 700. Those who hold a credential other than the CPM (such as a CNM/CM or LM) must include a copy of the current credential with the registration form.
- Complete NARM Preceptor Registration Supplemental Form 705 if you have less than three years of experience beyond the entry-level CPM requirements.
- Submit documentation of a workshop, course, or module on cultural awareness attended within the last three years.
- Submit the Preceptor Registration Form 700 and any required additional documentation to NARM Applications Department.

Forms and additional documentation may be submitted to NARM through one of the following:

- fax: 888-842-4784
- email form in pdf format: [applications@narm.org](mailto:applications@narm.org)
- USPS mail: NARM Applications, P.O. Box 420 Summertown, TN 38483 (Forms mailed to other NARM offices will be returned.)

When submitting any documentation to NARM, the registrant must keep a copy for their records.

Preceptor registration dates will now align with the preceptor's active credential date. CPMs should submit the preceptor registration renewal form along with their regular CPM renewal. Non-CPMs should submit a copy of their updated license/credential along with the Preceptor Registration renewal application to the NARM Applications Department to remain a Registered Preceptor.

A verification letter will be sent by email or standard mail once the registration packet has been received, processed, and approved. The verification letter will include the preceptor's required renewal date, which will align with the preceptor's license/credential expiration date.

### **Receive a NARM Preceptor Registration Certificate**

If your application is accepted, you may receive a NARM Preceptor Registration Certificate by:

- Sending \$20 to NARM Applications for a certificate suitable for framing, or
- You may log into your NARM Certemy portal and print/download your certificate from there.

Having this physical certificate is not a requirement in order to serve as a NARM Registered Preceptor.

# NARM Preceptor Registration Form 700, page 1 of 3

*This form must be filled out completely only by the applying preceptor and then submitted by that preceptor.*

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

Any other names previously submitted to NARM: \_\_\_\_\_

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#: \_\_\_\_\_

**Complete information for the credential(s) you hold. Credentials must be current and active. Fill in all that apply:**

Credential	License/Credential Number	Original Issue Date	Expiration Date	State/Jurisdiction (if applicable)
CPM				/
CNM <sup>1</sup>				
CM <sup>1</sup>				
LM <sup>1</sup>				
Other <sup>2</sup>				

<sup>1</sup>Submit a copy of your current non-CPM credential(s) with this form.

<sup>2</sup>Must be a licensed practitioner legally recognized by your state to provide maternity care

If there have been any lapses in your credential(s), please list the dates: \_\_\_\_\_

What year did you begin practicing as a primary midwife after training? \_\_\_\_\_

How many total births have you attended (including training)?\* \_\_\_\_\_

How many births did you attend as a primary/primary under supervision midwife during training?\* \_\_\_\_\_

How many births have you attended as a primary midwife after training?\* \_\_\_\_\_

How many Continuity of Care births have you attended as a primary midwife?\* \_\_\_\_\_

A minimum of ten are required beyond entry-level CPM requirements.

How many Out-of-Hospital births have you attended in the last three years?\* \_\_\_\_\_

A minimum of ten out-of-hospital births in the last three years are required.

Do you work with a group practice or birth center, or do you work with a co-practitioner?  Yes  No

If yes, please state the name(s): \_\_\_\_\_

\*Approximately

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

May NARM release your name/contact information to prospective students looking for a preceptor?

Yes  No

### How did you receive your midwifery training? Please complete all that apply:

Self-trained, please provide a brief explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Apprenticeship towards NARM credential

Apprenticeship towards a credential offered by a state/provincial agency

Name/location of agency: \_\_\_\_\_

Obtained a degree towards CNM/CM certification

Obtained a vocational/technical certificate

Name of program/certificate: \_\_\_\_\_

Attended a MEAC-accredited school

Name of school: \_\_\_\_\_

Did you graduate?  Yes  No

Attended a midwifery school not accredited by MEAC

Name of school: \_\_\_\_\_

Did you graduate?  Yes  No

Attended a state-approved midwifery program

Name of program: \_\_\_\_\_

Did you complete the program?  Yes  No

Obtained a credential outside the U.S.

Name/location of credential: \_\_\_\_\_

Attended a training program outside the U.S.

Name of program: \_\_\_\_\_

Other, please explain: \_\_\_\_\_

\_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Affirmation of Honest Intent of Representation

I, \_\_\_\_\_, in registering for North American Registry of Midwives (NARM) preceptor status, do hereby acknowledge that honesty in relationship to the students I mentor is of utmost importance. I affirm that I, to the best of my ability and professional integrity, will always represent my practice, knowledge, skills, experience and expertise honestly and fairly. *Initial here:* \_\_\_\_\_

I understand that I will be held liable for the verification of education and training of any CPM applicants who apprentice under my supervision. *Initial here:* \_\_\_\_\_

I affirm that I have read the NARM Policy on Preceptor/Student Relationships and agree to all terms therein. *Initial here:* \_\_\_\_\_

I affirm that I have read the NARM Preceptor/Student Handbook and agree to all terms therein. *Initial here:* \_\_\_\_\_

I affirm I have read the Candidate Information Booklet (CIB) and NARM application instructions. *Initial here:* \_\_\_\_\_

I affirm that, as a NARM Registered Preceptor, I will only sign for procedures performed under my direct supervision, for which I was present and in the room. Before signing any NARM application forms, I will thoroughly review the procedures documented on those forms. *Initial here:* \_\_\_\_\_

I declare and affirm that the statements made on this registration form, including accompanying statements and documents, are true, complete and correct. I understand that any false or misleading information in connection with my registration may be cause for denial or loss of preceptor status. *Initial here:* \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name Affirming Preceptor's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date