

North American Registry of Midwives
P.O. Box 420
Summertown, TN
applications@narm.org

INACTIVE APPLICATION FORM

Please fill out in English by typing or printing in black ink

First Name: _____ Last Name: _____ Middle Initial: _____

Any other names listed on supporting documents: _____

Phone Number: _____ E-mail address: _____

SS#: _____ - _____ - _____ (U.S. Applicants) CPM#: _____

Address: _____

NARM CPM Expiration Date: _____ (mm/dd/yr)

Fees due: \$35.00/year

This form must be submitted each year you want to remain inactive. There is a six year maximum that you can claim inactive status.

Brief Statement of reasons for inactive status: (ie: Not currently practicing, taking care of family, etc.)

Send completed form to:
NARM Applications
P.O. Box 420
Summertown, TN 38483