

NARM CPM Preceptor Form

NARM is requesting that all CPMs who are or who anticipate becoming a preceptor for a NARM CPM applicant please fill out the following questionnaire so we may obtain necessary additional information for our database of midwifery preceptors. If you have already filled the survey out, thank you. You will not have to do it again. If you know of a non CPM midwife who is a preceptor, please encourage that midwife to participate by volunteering the information.

NARM is dedicated to the preservation of apprenticeship and the Midwives Model of Care. With that goal in mind, a Preceptor Database has been developed for the purpose of research to prove the validity of competency-based education.

A preceptor for a NARM PEP applicant is required to affirm they are a primary midwife, that the applicant acted as a primary under supervision, and they were physically present in the same room in a supervisory capacity during that care in which the applicant acted as primary under supervision.

On Verification of Birth Experience Form (114), preceptors also affirm the following number of procedures with the applicant:

- Number of births
- Number of initial prenatal exams
- Number of prenatal exams
- Number of newborn exams

Preceptors must affirm they are:

- A nationally certified midwife (CPM, CNM, or CM); or
- Legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care, or
- A midwife practicing as a primary attendant without supervision for a minimum of three (3) years and fifty (50) out-of-hospital. In addition preceptors are asked to affirm the length of time (fill in the date) they have been a primary midwife and the number of births they have attended as a primary midwife.

NARM may request additional information from preceptors, such as client charts.

Preceptors may also be audited for Practice Guidelines, Informed Consent Documentation, forms and handouts relating to midwifery practice and emergency care plan. Refusal to provide additional information may detain the application process or may be grounds for denial of application approval.

NARM greatly appreciates your cooperation in this matter.

By being a midwifery preceptor, you are part of a growing movement with each one of you making a difference in midwifery and access to midwives across the nation, regardless of the route of entry you have chosen into the profession. Together we can make a difference in midwifery availability for our grandchildren and for their children.

NARM CPM Preceptor Form

Name: _____

Email: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

I am am not a credentialed midwife (choose one).

(If applicable) My title is (please spell out fully): _____

If you are not a CPM, are you interested in becoming one at this time? Yes No I'm already a CPM

I am a (choose one):

- Nationally certified midwife (CPM, CNM, or CM),
- Midwife legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care, or
- A midwife practicing as a primary attendant without supervision for a minimum of three (3) years and fifty (50) out-of-hospital births.

I have been a primary midwife since (fill in date): _____

I have been preceptor for (fill in number) NARM CPM applicants: _____

I have attended (fill in number) births as a primary midwife. _____

Please send this completed form to:

NARM Applications
PO Box 420
Summertown, TN 38483

Thank you for filling out this form and assisting with the NARM CPM process