
Application for Verification of International Education through ICA Form 220

Applicant's Name: _____ Social Security #: _____

If (and **only** if) you received your midwifery education outside the United States or Canada, your first step in the Certified Professional Midwife (CPM) credentialing process (even before you submit your application to NARM) is to send all supportive documentation (licenses, diplomas and certificates) using the forms following to International Credentialing Associates (ICA), Inc.

Send:

1. One copy of the original document (license, diplomas, and certificates) in the language of origin sworn or affirmed before a Commissioner for Oath or Notary
2. One copy of a translation of the original document into English by a professional translator (not a family member) sworn or affirmed before a Commissioner for Oath or Notary that the translation is accurate and valid by the professional translator.
3. Fill out the ICA form "Application for Credentialing and Document Verification (Internationally Educated Midwife)" which is following.
4. Send 1, 2, and 3 to ICA with the appropriate fee (if your documents are difficult to verify, send \$75 US).
5. Send the ICA "Transcript Request Form for Educational Institutions" (form following) to your educational program(s) if applicable. Make copies if necessary.

ICA will notify you when this verification process has been completed, and ICA will then forward your verified credentials to NARM.

After completing and mailing the ICA forms, complete this Form 220 and include it with your NARM PEP Application.

Date you sent the "Application for Credentialing and Document Verification (Internationally Educated Midwife)" form to ICA: _____

Name and address of Educational Institution(s) you sent an ICA "Transcript Request Form" to and date sent:

Name of Institution: _____ Date sent: _____

Address of Institution: _____

City: _____ Country: _____ Postal Code: _____

Name of Institution: _____ Date sent: _____

Address of Institution: _____

City: _____ Country: _____ Postal Code: _____

Name of Institution: _____ Date sent: _____

Address of Institution: _____

City: _____ Country: _____ Postal Code: _____

Transcripts must be sent directly to ICA from the educational program you attended (see ICA Form).



INTERNATIONAL
CREDENTIALING
ASSOCIATES, INC.

7245 Bryan Dairy Road
Bryan Dairy Business Park II
Largo, FL 33777
(727) 549-8555
Facsimile (727) 549-8554

**APPLICATION FOR CREDENTIALING AND DOCUMENT VERIFICATION
(INTERNATIONALLY EDUCATED MIDWIFE)**

Name: _____
(Last or Family Name) (First) (Middle) (Maiden)

Mailing Address: _____
(Number and Street) (Apartment and Suite)

(City) (State) (Zip Code) (Country)

Telephone: Day () _____ Evening () _____

Date of Birth: _____ [] Male [] Female

Country of Birth: _____ Country of Citizenship: _____

Type of evaluation requested:

- General, Standard Credentialing & Document Verification, \$50.00 (money order)
- Special, Special Consideration/Circumstances, \$75.00 (money order)

Educational Background:

List all educational institutions attended beginning with secondary school. Include university/academy/polytechnic/hospital-based or professional schools. If you repeated a year, or left school for a period of time, please specify. Attach an additional page if necessary to detail yew educational background and training.

- (1) Please request submission of the Transcript Request Form for Educational Institutions, together with your official transcripts, directly to this office by your midwifery school.
- (2) Please include validated/attested copies of all certificates and diplomas in the official language of your country, together with certified English translations, and yew application with fee, directly to this office.
- (3) Please provide a copy of all registrations, licenses and authorizations to practice midwifery in your country of midwifery education and training. In the event you practiced midwifery in more than one country, please provide a copy of the registration, license or authorization to practice.

Name of School/Institution	Date of Attendance From - To	Your Age Upon Admission	Major Field of Study	Month, Day & Year of Graduation	Diploma, Certificate (In original language and English)



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Transcript Request Form for Educational Institutions

1. Name of Candidate: _____
2. Name of Educational Institution: _____
3. Institution Address: _____

4. Institution Phone Number: _____ Fax: _____
5. Program attended by Candidate or Major Field of Study: _____

6. Length of Program (List number of semesters): _____
7. Name of Degree/Diploma/Certificate Awarded: _____
8. Date of Award of Degree/Diploma/Certificate: _____
9. Has Your Institution changed names within the past 5 years or is this a new program? Yes [] No []

I certify the above named candidate has [] has not [] completed all Educational and Clinical requirements in the program specified in question #5 above.

Signature

Print Name

Date

(Check One): [] Registrar [] Program Director [] College Dean

Seal of School/Institution

Please submit Original, official transcripts for the program of study attended by the candidate named above and submit directly to this office by regular airmail with this form.

Transcripts should include the candidate's full legal name upon admission, dates of attendance and the date of program completion. Please include a complete breakdown of courses for the entire program of study. Each course should be indicated by name (e.g., Biology, Anatomy, Kinesiology, Pathology, etc.), the final grade received for the course, and the theoretical and practical hours attended in each course. Courses should be listed in sequence, by semester and academic year. Please indicate whether the hours were attended by week semester or year. Information on final grade and hours should also be provided for the candidate's clinical education (clinical internship/clinical affiliations).