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# Instructions for Report of Clinical Experience Form 121

The Committee is looking for evidence that the applicant has had substantial experience including a variety of births. At least ten of the 75 reported births should have involved some kind of complication or challenging situation<sup>1</sup>. Using the Report of Clinical Experience Form 121 following, describe in writing:

I. Documentation of the following *within the last ten years (please do not include births which occurred ten years prior to your application)* and as a *primary midwife*:

A. 75 births including:

1. Three births with women for whom the applicant has provided primary care during at least four prenatal visits, birth, newborn exam, and one postpartum exam
2. 20 or more out-of-hospital births
3. Ten or more births involving a complication or challenging situation.
4. No more than ten of the births attended may be transports. A transport is defined as “someone transferred from your care either during labor or in the immediate postpartum period.”
5. Ten births within the past two years.

B. 300 prenatal exams (among at least 50 different women)

C. 50 newborn exams (as defined in the *Candidate Information Bulletin*)

D. 75 postpartum exams (as defined in the *Candidate Information Bulletin*).

- ✓ Do not include births the applicant attended during apprenticeship, while working as a nurse, or the births of the applicant’s own babies, as these roles do not meet NARM’s definition of “primary midwife.”
- ✓ Protect the privacy of the applicant’s clients by identifying each reported birth and/or exams on all Forms with a unique client code under “Midwife’s code # for birth,” using the same code for the same client throughout the application. Repeat clients need to have a different code for each pregnancy. Do not use first or last names.
- ✓ The “brief description and outcome” should be very brief—a few words or a simple sentence, but please fill in the description for **every** birth reported.
- ✓ Be sure to sign and date the statement at the end of this Form 121.

<sup>1</sup>Complication or challenging situation—can refer to, but is not limited to, obvious complications such as postpartum hemorrhage, prolonged rupture of membranes, unusual presentation, nuchal cord, etc.

*Charts or written documentation of all 75 births must be available.  
Selected charts may be requested by the Special Circumstances Evaluation Committee.*

## Report of Clinical Experience Form 121, Page 1 of 6

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please **carefully** read instructions for filling out this form, and list these births in chronological order.

	Midwife's Code # for birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup>	Were you present at delivery y/n?	# prenatal exams	# newborn exams	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
ex	DAP 032107	3-25-07	HM	HM	Y	7	1	2	N	Long second stage, asynclitism. Good outcome.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
Subtotal here—										

<sup>1</sup>HM=Home; FBC=Freestanding Birth Center; HBC=Hospital Birth Center; HL=Hospital; O=Other (car, outside, etc.)

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Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

	Midwife's Code # for birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup>	Were you present at delivery y/n?	# prenatal exams	# newborn exams	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
Subtotal here—										

<sup>1</sup>HM=Home; FBC=Freestanding Birth Center; HBC=Hospital Birth Center; HL=Hospital; O=Other (car, outside, etc.)

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Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

	Midwife's Code # for birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup>	Were you present at delivery y/n?	# prenatal exams	# newborn exams	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
Subtotal here—										

<sup>1</sup>HM=Home; FBC=Freestanding Birth Center; HBC=Hospital Birth Center; HL=Hospital; O=Other (car, outside, etc.)

Report of Clinical Experience Form 121, Page 4 of 6

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

	Midwife's Code # for birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup>	Were you present at delivery y/n?	# prenatal exams	# newborn exams	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
Subtotal here—										

<sup>1</sup>HM=Home; FBC=Freestanding Birth Center; HBC=Hospital Birth Center; HL=Hospital; O=Other (car, outside, etc.)

Report of Clinical Experience Form 121, Page 5 of 6

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

	Midwife's Code # for birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup>	Were you present at delivery y/n?	# prenatal exams	# newborn exams	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
Subtotal here—										

<sup>1</sup>HM=Home; FBC=Freestanding Birth Center; HBC=Hospital Birth Center; HL=Hospital; O=Other (car, outside, etc.)

Report of Clinical Experience Form 121, Page 6 of 6

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

	Midwife's Code # for birth	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of Birth <sup>1</sup>	Were you present at delivery y/n?	# prenatal exams	# newborn exams	# post-partum exams	Complication or challenging situation involved y/n?	Very brief description of distinguishing clinical features of the birth and outcome
70										
71										
72										
73										
74										
75										
Subtotal here—										
Grand Total here—										

<sup>1</sup>HM=Home; FBC=Freestanding Birth Center; HBC=Hospital Birth Center; HL=Hospital; O=Other (car, outside, etc.)

I, \_\_\_\_\_, affirm that all of the information in this report of clinical experience is true and correct to the best of my ability; that I can provide written documentation that I attended each of the births I have described herein in the capacity of "primary midwife;" and that I utilize the practice guidelines, informed consent document, and emergency care plan submitted with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day, of the month of \_\_\_\_\_ in the year \_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
(Notary Signature)

My Commission Expires: \_\_\_\_\_