
Instructions for Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201

Applicant's Name: _____ Social Security #: _____

The heart of midwifery is respect for the natural physiological process of birth. Verification of midwifery skills is required during the apprentice's education. The preceptor signature verifies not only that the applicant has competently performed the skill, but has also demonstrated a competent understanding of all didactic components related to the skill, including definitions, normal and abnormal signs and symptoms, differential diagnosis for risk assessment, follow-up, and referral or transport when appropriate.

NARM recognizes that the Midwives Model of Care precludes performance of unnecessary interventions on mothers or babies for the purpose of training. Verification may be based on discussion, interaction, demonstration, and simulation to fulfill the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice* requirement.

- Check here for an Entry-Level applicant, and follow these instructions:
 - ✓ A preceptor must fill in the date each skill was acquired on the line to the left of the skill and must initial to the right of each skill verifying that the applicant has acquired that particular skill. The description of acquisition of each skill is *not* applicable for the Entry-Level candidate.
 - ✓ The applicant must sign and notarize the affirmation at the end of the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice* Verification Form 201.
 - ✓ Each preceptor who has initialed a skill must complete and have notarized a copy of Preceptor Verification Form 202.

- Check here for a Special Circumstances applicant, and follow these instructions:
 - ✓ Fill in the date each skill was acquired on the line to the left of the skill.
 - ✓ Using the lines to the right of and under each skill, describe the circumstances under which the applicant acquired each of the skills on the *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice* List. Attach additional sheets if necessary.
 - ✓ Whenever possible, include copies of original documents that support or provide proof such as licenses (past or current), transcripts, CEU certificates, etc.
 - ✓ Sign and have notarized the affirmation at the end of this list.

Please review the information about Second Verification of Skills
earlier in this application before filling out this form.

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Applicant's Name: _____ Social Security #: _____

I. Midwifery Counseling, Education and Communication:

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers	_____ _____ _____
	B. Provides education, support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes	_____ _____ _____
	C. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment	_____ _____ _____
	D. Facilitates the mother's decision of where to give birth by exploring and explaining:	
	1. The advantages and the risks of different birth sites	_____ _____
	2. The requirements of the birth site	_____ _____
	3. How to prepare, equip and supply the birth site	_____ _____
	E. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome	_____ _____ _____
	F. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and post partum	_____ _____ _____
	G. Applies the principles of informed consent	_____ _____
	H. Provides individualized care	_____ _____
	I. Advocates for the mother during pregnancy, birth and postpartum	_____ _____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	J. Provides education, counseling and/or referral, where appropriate for:	
	1. Genetic counseling for at-risk mothers	_____
	2. Abuse issues: emotional, physical and sexual	_____ _____
	3. Prenatal testing	_____
	4. Diet, nutrition and supplements	_____
	5. Effects of smoking, drugs and alcohol use	_____
	6. Situations requiring an immediate call to the midwife	_____ _____
	7. Sexually transmitted diseases	_____
	8. Complications	_____
	9. Environmental risk factors	_____
	10. Newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc	_____ _____ _____
	11. Postpartum care concerning complications and self-care	_____ _____

II. General Healthcare Skills:

	A. Demonstrates Universal Precautions	_____
	B. Demonstrates the application of OSHA regulations as they relate to midwifery workplace	_____ _____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	C. Demonstrates the application of aseptic technique	_____ _____ _____
	D. Demonstrates the use of instruments and equipment including:	
	1. Amnihook® /Amnicot®	_____ _____
	2. Bag and mask resuscitator	_____ _____
	3. Blood pressure cuff	_____ _____
	4. Bulb syringe	_____ _____
	5. Cord clamp	_____ _____
	6. Cord tape	_____ _____
	7. DeLee® (or other tube/mouth suction device)	_____ _____
	8. Doppler	_____ _____
	9. Fetoscope	_____ _____
	10. Gestation calculation wheel/calendar	_____ _____
	11. Hemostats	_____ _____
	12. Infant airway	_____ _____
	13. Lancets	_____ _____
	14. Newborn and adult scale	_____ _____
	15. Nitrazine paper	_____ _____
	16. Needle and syringe	_____ _____
	17. Scissors (all kinds)	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	18. Single dose ampule	_____ _____
	19. Speculum	_____ _____
	20. Stethoscope	_____ _____
	21. Suturing equipment	_____ _____
	22. Tape measure	_____ _____
	23. Thermometer	_____ _____
	24. Urinalysis strips	_____ _____
	25. Urinary catheter	_____ _____
	26. Vacutainer/blood collection tube	_____ _____
	27. Vaginal culture equipment	_____ _____
	E. Is trained in <input type="checkbox"/> adult and infant CPR <input type="checkbox"/> neonatal resuscitation	_____ _____ _____
	F. Uses alternate healthcare practices (non-allopathic treatments) and modalities	_____ _____ _____
	1. Herbs	_____ _____
	2. Hydrotherapy (baths, compresses, showers, etc.)	_____ _____ _____
	G. Refers to alternate healthcare practitioners for non-allopathic treatments	_____ _____ _____
	H. Treats for shock by:	
	1. Recognizing the signs and symptoms of shock, or impending shock	_____ _____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	2. Assessing the cause of shock	_____
	3. Providing treatment for shock by:	_____
	a) Positioning mother flat, legs elevated 12 inches	_____
	b) Keeping the mother warm, avoiding overheating	_____
	c) Administering/using non-allopathic remedies	_____
	d) Encouraging deep, calm, centered breathing	_____
	e) Administering oral isotonic/electrolyte fluids	_____
	f) Activating emergency medical services	_____
	g) Preparing to transport	_____
	I. Administers Oxygen	_____
	J. Recommends the use of vitamin and mineral supplements including:	_____
	1. Prenatal multi-vitamin	_____
	2. Vitamin C	_____
	3. Vitamin E	_____
	4. Folic Acid	_____
	5. B-Complex	_____
	6. B-6	_____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	7. B-12	_____ _____
	8. Iron	_____ _____
	9. Calcium	_____ _____
	10. Magnesium	_____ _____
	K. Administers the following pharmacologic (prescriptive) agents:	
	1. Lidocaine	_____ _____
	2. Medical oxygen	_____ _____
	3. Methergine	_____ _____
	4. Prescriptive ophthalmic prophylaxis ointment (e.g., erythromycin)	_____ _____ _____
	5. Pitocin®	_____ _____
	6. RhoGam	_____ _____
	L. Refers for performance of ultrasounds	_____ _____
	M. Uses doppler	_____ _____
	N. Refers for performance of biophysical profile	_____ _____ _____

III. Maternal Health Assessment:

	A. Obtains and maintains records of health, reproductive and family medical history	_____ _____
	B. Performs an initial history and physical examination, including assessment of:	
	1. General appearance	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	2. Baseline weight and height	_____ _____
	3. Vital signs	_____ _____
	4. HEENT (Head, eyes, ears, nose and throat) including:	
	a) Hair and scalp	_____ _____
	b) Eyes: pupils, whites, conjunctiva	_____ _____
	c) The thyroid by palpation	_____ _____
	d) Enlarged lymph glands of neck, chest and under arms	_____ _____ _____
	e) The mouth, teeth, mucus membrane, and tongue	_____ _____ _____
	5. Breast condition, by examination	_____ _____
	a) Evaluates mother's knowledge of self-breast examination techniques	_____ _____ _____
	b) Implications for breastfeeding	_____ _____
	6. Torso, extremities for bruising, abrasions, moles, unusual growths	_____ _____ _____
	7. Baseline reflexes	_____ _____
	8. Heart and lungs	_____ _____
	9. The abdomen, by palpation and observation for scars	_____ _____ _____
	10. Kidney pain (CVAT)	_____ _____
	11. The spine	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	12. Pelvic landmarks	_____ _____
	13. Pelvic measurements	_____ _____
	14. The condition of the uterus, ovaries and cervix (by speculum)	_____ _____
	a) Performs a Papanicolaou (Pap) test	_____ _____
	b) Obtains gynecological cultures	_____ _____
	15. The size of the uterus and fetal age (by bimanual exam), the condition of the vulva, vagina, cervix, perineum and anus	_____ _____ _____
	C. Estimates due date based upon:	
	1. Date of mother's last menstrual period	_____ _____
	2. Last normal menstrual period	_____ _____
	3. Length of cycles	_____ _____
	4. Changes in mucus condition or ovulation history	_____ _____
	5. Date of positive pregnancy test	_____ _____
	6. Date of implantation bleeding/cramping/pelvic congestion	_____ _____
	7. Changes in the cervix	_____ _____
	8. Changes in the uterus	_____ _____
	9. Auscultation of fetal heart	_____ _____
	10. Date mother reported quickening	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	11. Measurement of fundal height	_____ _____
	12. Palpation of fetal body parts	_____ _____
	13. Calendar date of conception or unprotected intercourse	_____ _____
	D. Assesses fetal weight, size, lie, or lightening	_____ _____
	E. Assesses correlation of weeks gestation to fundal height	_____ _____
	F. Performs routine prenatal physical exams including ongoing assessment of:	
	1. Maternal psychosocial, emotional health and well-being	_____ _____
	2. Maternal physical health and well-being, by tracking variations and changes in:	
	a) Color of mucus membranes	_____ _____
	b) General reflexes	_____ _____
	c) Elimination/urination patterns	_____ _____
	d) Sleep patterns	_____ _____
	e) Patterns of sexuality	_____ _____
	f) Movement, gait and energy level	_____ _____
	3. Nutritional patterns	_____ _____
	4. Vital signs	_____ _____
	5. Weight	_____ _____
	6. Hemoglobin and hematocrit	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	7. Glucose level	_____
	8. Urine for:	
	a) Appearance	_____
	b) Protein	_____
	c) Albumin	_____
	d) Glucose	_____
	e) Ketones	_____
	f) pH	_____
	g) Leukocytes	_____
	h) Nitrites	_____
	i) Blood	_____
	9. Breast condition	_____
	10. Costovertebral angle tenderness (CVAT)	_____
	11. Deep tendon reflexes (DTR) of the knee	_____
	12. Signs of clonus	_____
	13. Fundal height measured with:	
	a) Finger breadths	_____
	b) Tape measure	_____
	14. Evaluation of estimated date of delivery	_____
	15. Fetal activity and responsiveness to stimulation	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	16. Fetal heart rate/tones auscultated with:	
	a) Fetoscope	
	b) Doppler	
	17. Fetal position, presentation, lie, and the volume of amniotic fluid	
	18. Fetal weight	
	19. Signs of edema	
	20. Vaginal discharge or odor	
	21. Signs of abuse including:	
	a) Maternal substance abuse	
	b) Emotional/physical/sexual abuse to the mother	
	G. Evaluates laboratory and medical records from other practitioners	
	H. Obtains assistance evaluating laboratory and medical records from other practitioners	
	I. Records results of the examination in the prenatal records	
	J. Provides prenatal education and counseling for:	
	1. Nutritional, and non-allopathic dietary supplement support	
	2. Common complaints of pregnancy:	
	a) Sleep difficulties	

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	b) Nausea	_____ _____
	c) Preparation of the perineum	_____ _____
	d) Fatigue	_____ _____
	e) Inflammation of the sciatic nerve	_____ _____
	f) Breast tenderness	_____ _____
	g) Skin itchiness	_____ _____
	h) Vaginal yeast infections	_____ _____
	i) Symptoms of anemia	_____ _____
	j) Indigestion/heartburn	_____ _____
	k) Varicose veins	_____ _____
	l) Physical activities for labor preparation (e.g., movement and exercise)	_____ _____
	K. Recognizes and responds to potential prenatal complications by:	
	1. Identifying pregnancy-induced hypertension	_____ _____
	2. Assessing, educating and counseling for pregnancy-induced hypertension with:	
	a) Nutritional/hydration assessment	_____ _____
	b) Administration of calcium/magnesium supplement	_____ _____
	c) Stress assessment and management	_____ _____
	d) Non-allopathic remedies	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	e) Monitoring for signs and symptoms of increased severity	_____ _____
	f) Assessment for drug abuse	_____ _____
	g) Increased frequency of maternal assessment	_____ _____
	3. Identifying preeclampsia	_____ _____
	4. Collaborating and managing preeclamptic mothers	_____ _____
	5. Identifying breech presentations	_____ _____
	6. Turning breech presentations with:	
	a) Alternative positions (tilt boards, exercises)	_____ _____
	b) Non-allopathic methods	_____ _____
	7. Identifying multiple gestation pregnancies	_____ _____
	8. Identifying and dealing with pre-term labor with:	
	a) Referral	_____ _____
	b) Consultation and/or treatment including:	
	(1) Increase of fluids	_____ _____
	(2) Non-allopathic remedies	_____ _____
	(3) Discussion of the mother's fears - emotional support	_____ _____
	(4) Food to be eaten at least every two hours	_____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	(5) The consumption of an alcoholic beverage	_____ _____ _____
	(6) Evaluation of urinary tract infection	_____ _____ _____
	(7) Evaluation of other maternal infection	_____ _____ _____
	(8) Bed rest	_____ _____ _____
	(9) Pelvic rest (including no sexual intercourse)	_____ _____ _____
	(10) No breast stimulation (including nursing previous baby)	_____ _____ _____
	9. Assessing and evaluating a post-date pregnancy by monitoring/assessing:	
	a) The need for consultation	_____ _____ _____
	b) Fetal movement, growth, and heart tone variability	_____ _____ _____
	c) Estimated due date calculation	_____ _____ _____
	d) Previous birth patterns	_____ _____ _____
	e) Amniotic fluid volume	_____ _____ _____
	f) Maternal tracking of fetal movements	_____ _____ _____
	g) Referral for ultrasound	_____ _____ _____
	h) Referral for non-stress test	_____ _____ _____
	i) Referral for contraction stress test	_____ _____ _____
	j) Referral and collaboration for biophysical profile	_____ _____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	10. Treating a post-date pregnancy by:	
	a) Stimulating the onset of labor by encouraging:	
	(1) Sexual/nipple stimulation	
	(2) Assessment of emotional blockage and/or fears	
	(3) Stripping the membranes	
	(4) Cervical massage	
	(5) Castor oil induction	
	(6) Non-allopathic therapies	
	(7) Physical activity	
	11. Identifying and referring tubal (ectopic) pregnancy	
	12. Identifying and referring placenta abruptio	
	13. Identifying placenta previa by assessing for:	
	a) Painless bleeding	
	b) Identification by ultrasound results	
	14. Identifying premature rupture of the membranes	
	15. Managing premature rupture of the membranes in a full-term pregnancy by:	
	a) Monitoring fetal heart tones and movement	
	b) Monitoring vital signs for signs of infection	

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	c) Encouraging increased fluid intake	_____ _____
	d) Inducing labor	_____ _____
	e) Consult after 24 hours without labor progression	_____ _____
	16. Consulting and referring premature rupture of the membranes in pre-term labor	_____ _____
	L. Establishes and follows emergency contingency plans for mother and/or newborn	_____ _____

IV. Labor, Birth and Immediate Postpartum

	A. Facilitates maternal relaxation and provides comfort measures throughout labor by administering/encouraging:	
	1. Massage	_____ _____
	2. Hydrotherapy (compresses, baths, showers)	_____ _____
	3. Warmth for physical and emotional comfort (e.g., compresses, moist warm towels, heating pads, hot water bottles, friction heat)	_____ _____
	4. Communication in a calming tone of voice, using kind and encouraging words	_____ _____
	5. The use of music and/or silence	_____ _____
	6. Continued mobility throughout labor	_____ _____
	7. Response for pain with:	
	a) Differentiation between normal and abnormal pain	_____ _____
	b) Validation of the woman's experience/fears	_____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	c) Counter-pressure on back	_____ _____
	d) Relaxation/breathing techniques	_____ _____
	e) Non-allopathic treatments	_____ _____
	f) Position changes	_____ _____
	B. Evaluates and supports a laboring mother during the first stage of labor by assessing:	
	1. Maternal physical and emotional condition based upon assessment of:	
	a) Vital signs	_____ _____
	b) Food and fluid intake/output	_____ _____
	c) Dipstick urinalysis for ketones	_____ _____
	d) Status of membranes	_____ _____
	e) Uterine contractions for frequency, duration and intensity with a basic intrapartum examination	_____ _____ _____
	f) Fetal heart tones	_____ _____
	g) Fetal lie, presentation, position and descent with:	
	(1) Visual observation	_____ _____
	(2) Abdominal palpation	_____ _____
	(3) Vaginal examination	_____ _____
	h) Effacement, dilation of cervix and station of the presenting part	_____ _____
	i) Maternal dehydration and/or vomiting by administering:	
	(1) Fluids by mouth	_____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	(2) Ice chips	_____ _____
	(3) Oral herbal/homeopathic remedies	_____ _____
	(4) Deep immersion in warm water	_____ _____
	2. Anterior/swollen lip by administering/supporting:	
	a) Position change	_____ _____
	b) Light pressure or massage to cervical lip	_____ _____
	c) Warm bath	_____ _____
	d) Pushing the lip over the baby's head while the mother pushes	_____ _____ _____
	e) Deep breathing and relaxation between contractions	_____ _____ _____
	f) Non-allopathic treatments	_____ _____
	3. Posterior, asynclitic position by encouraging and/or supporting:	
	a) The mother's choice of position	_____ _____
	b) The use of various laboring positions such as:	
	(1) On side, with top leg up, bottom leg back	_____ _____ _____
	(2) On hands and knees	_____ _____
	(3) Knee/chest	_____ _____
	(4) Mother pulling up lower segment of uterus during contraction, while on hands and knees	_____ _____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	(5) Standing, leaning forward with legs spread and knees bent (mother supported)	_____ _____ _____
	c) Physical activities (pelvic rocking, stair climbing, walking, etc.)	_____ _____
	d) Non-allopathic treatments	_____ _____
	e) Ice applied to back	_____ _____
	f) Rest or relaxation	_____ _____
	4. Pendulous belly inhibiting descent by:	
	a) Positioning semi-reclining on back	_____ _____
	b) Assisting the positioning of the uterus over the pelvis	_____ _____
	5. Labor progress by providing:	
	a) Psychological support measures	_____ _____
	b) Nutritional support	_____ _____
	c) Non-allopathic treatments	_____ _____
	d) Physical activity	_____ _____
	e) Position change	_____ _____
	f) Perineal massage	_____ _____
	g) Rest	_____ _____
	h) Nipple stimulation	_____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	C. Demonstrates the ability to evaluate and support a laboring mother during the second stage of labor by:	
	1. Waiting for the natural urge to push	_____
	2. Encouraging aggressive pushing in emergency situations	_____
	3. Allowing the mother to choose the birthing position	_____
	4. Recommending position change as needed	_____
	5. Massaging the perineum	_____
	6. Supporting the perineum	_____
	7. Encouraging the mother to touch the newborn during crowning	_____
	8. Assisting in normal spontaneous vaginal birth with hand maneuvers (ritgen maneuver) to assist delivery	_____
	9. Providing an appropriate atmosphere for the moment of emergence	_____
	10. Documenting labor and birth	_____
	11. Demonstrating the ability to recognize and respond to labor and birth complications such as:	
	a) Abnormal fetal heart tones and patterns by:	
	(1) Providing additional oxygen	_____
	(2) Changing maternal position	_____
	(3) Facilitating quick delivery if birth is imminent	_____

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	(4) Evaluating for consultation and referral	_____ _____ _____
	(5) Evaluating for transport	_____ _____
	b) Cord prolapse by:	
	(1) Changing maternal position to:	
	(a) Knee-chest	_____ _____
	(b) Trendelenburg	_____ _____
	(2) Activating emergency medical services/medical backup plan	_____ _____
	(3) Applying counter-pressure to the presenting part	_____ _____
	(4) Placing cord back into vagina	_____ _____
	(5) Keeping the presenting cord warm, moist and protected	_____ _____
	(6) Monitoring FHT and cord for pulsation	_____ _____
	(7) Increasing the mother's oxygen supply	_____ _____
	(8) Facilitating immediate delivery, if birth is imminent	_____ _____
	(9) Preparing to resuscitate the newborn	_____ _____
	c) Variations in presentation such as:	
	(1) Breech presentation	_____ _____
	(2) Nuchal hand, arm presentation	_____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	(a) Applying counter pressure to hand or arm and the perineum	_____ _____ _____
	(b) Sweeping the arm out	_____ _____
	(3) Nuchal cord presentation	_____ _____
	(a) Looping a finger under the cord, and sliding it over the newborn's face	_____ _____ _____
	(b) Looping finger under the cord, sliding it over the shoulder	_____ _____
	(c) Clamping the cord in two places, cutting cord between the two clamps	_____ _____ _____
	(d) Preparing to resuscitate the baby	_____ _____
	(4) Face and brow presentation	_____ _____
	(a) Preparing for imminent birth by:	
	i) Preparing resuscitation equipment	_____ _____
	ii) Preparing treatment for newborn bruising and swelling	_____ _____
	iii) Administering arnica	_____ _____
	iv) Positioning the mother in a squat	_____ _____
	v) Performing an episiotomy if needed	_____ _____
	vi) Preparing for potential eye injury	_____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	(5) Multiple birth presentation and delivery	_____ _____ _____
	(6) Shoulder dystocia	_____ _____ _____
	(a) Repositioning shoulder to oblique diameter	_____ _____ _____
	(b) Repositioning the mother to:	_____
	i) Hands and knees (Gaskin maneuver)	_____ _____ _____
	ii) McRobert's position	_____ _____ _____
	iii) End of bed	_____ _____ _____
	iv) Squat	_____ _____ _____
	(c) Flexing the shoulders of newborn, then corkscrewing	_____ _____ _____
	(d) Extracting the posterior arm	_____ _____ _____
	(e) Applying supra-pubic pressure	_____ _____ _____
	(f) Applying gentle traction while encouraging pushing	_____ _____ _____
	(g) Sweeping arm across newborn's face	_____ _____ _____
	(h) Performing an episiotomy to allow the midwife to insert hand	_____ _____ _____
	(i) Performing a pelvic press	_____ _____ _____
	(j) Fracturing the newborn's clavicle	_____ _____ _____

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Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	d) Management of meconium stained fluids by:	
	(1) Eliciting the mother's cooperation to deliver the head quickly	_____ _____ _____
	(2) Instructing the mother to stop pushing	_____ _____
	(3) Wiping out the inside of the baby's mouth	_____ _____
	(4) Clearing the airway with suction of mouth and nose	_____ _____
	(5) Preparing to resuscitate the baby	_____ _____
	e) Management of maternal exhaustion by:	
	(1) Providing nutritional support	_____ _____
	(2) Ensuring adequate hydration	_____ _____
	(3) Providing non-allopathic treatments	_____ _____
	(4) Evaluating the mother's psychological condition	_____ _____
	(5) Encouraging rest	_____ _____
	(6) Monitoring vital signs	_____ _____
	(7) Monitoring fetal well-being	_____ _____
	(8) Evaluating urine for ketones	_____ _____
	(9) Evaluating for consultation and/or referral	_____ _____
	D. Assesses the condition of, and provides care for the newborn by:	
	1. Keeping the baby warm	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	2. Making initial newborn assessment	_____ _____
	3. Determining APGAR score at:	
	a) 1 minute	_____ _____
	b) 5 minutes	_____ _____
	c) 10 minutes (as appropriate)	_____ _____
	4. Performing routine suctioning	_____ _____
	5. Keeping baby and mother together	_____ _____
	6. Monitoring respiratory and cardiac function by assessing:	
	a) The symmetry of the chest	_____ _____
	b) The sound and rate of heart tones and respirations	_____ _____
	c) Nasal flaring	_____ _____
	d) Grunting	_____ _____
	e) Retractions	_____ _____
	f) Circumoral cyanosis	_____ _____
	g) Central cyanosis (check color)	_____ _____
	7. Stimulating newborn respiration by:	
	a) Rubbing up the baby's spine	_____ _____
	b) Applying percussion massage for wet lungs	_____ _____
	c) Encouraging parental touch and calling newborn's name	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	d) Flicking or rubbing the soles of the baby's feet	_____ _____ _____
	e) Placing baby in towel with hot water bottle or heating pad on top	_____ _____ _____
	f) Rubbing skin with blanket	_____ _____ _____
	g) Non-allopathic treatments	_____ _____ _____
	8. Responding to the need for newborn resuscitation by:	
	a) Administering several mouth-to-mouth breaths	_____ _____ _____
	b) Applying positive pressure ventilation for 15-30 seconds	_____ _____ _____
	c) Administering oxygen	_____ _____ _____
	d) Consulting	_____ _____ _____
	e) Transporting	_____ _____ _____
	9. Supporting the establishment of emotional bonds among the newborn, mother and family	_____ _____ _____ _____
	10. Clamping the cord after the cord stops pulsing	_____ _____ _____
	11. Cutting the cord	_____ _____ _____
	12. Caring for the cord including:	
	a) Evaluating the cord stump	_____ _____ _____
	b) Collecting a cord blood sample	_____ _____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	c) Treating the cord stump with:	
	(1) Alcohol	_____
	(2) Non-allopathic remedies	_____
	13. Administering eye prophylaxis	_____
	14. Performing a newborn examination by assessing:	
	a) Newborn general appearance	_____
	b) Newborn alertness	_____
	c) The head for:	
	(1) Molding	_____
	(2) Hematoma	_____
	(3) Caput	_____
	(4) Sutures	_____
	(5) Fontanel	_____
	(6) Measurement	_____
	d) The eyes for:	
	(1) Jaundice	_____
	(2) Pupil condition	_____
	(3) Tracking	_____
	(4) Spacing	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	e) The ears for:	
	(1) Positioning	_____ _____
	(2) Response to sound	_____ _____
	(3) Patency	_____ _____
	(4) Cartilage	_____ _____
	f) The mouth for:	
	(1) Appearance and feel of palate	_____ _____
	(2) Lip and mouth color	_____ _____
	(3) Tongue	_____ _____
	(4) Lip cleft	_____ _____
	(5) Signs of dehydration	_____ _____
	g) The nose for:	
	(1) Patency	_____ _____
	(2) Flaring nostrils	_____ _____
	h) The neck for:	
	(1) Enlarged glands	_____ _____
	(2) Trachea placement	_____ _____
	i) The clavicle for:	
	(1) Integrity	_____ _____
	(2) Symmetry	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	j) The chest for:	
	(1) Symmetry	
	(2) Nipples	
	(3) Breast enlargement including discharge	
	(4) Measurement (chest circumference)	
	(5) Monitor heart for irregularities and count heart rate	
	(6) Auscultate the lungs, front and back for:	
	(a) Breath sounds	
	(b) Auscultate the bronchioles	
	(c) Equal bilateral expansion	
	(d) Respiration count	
	k) The abdomen for:	
	(1) Enlarged organs	
	(2) Masses	
	(3) Hernias	
	(4) Bowel sounds	
	l) Femoral pulses	
	m) The groin for swollen glands	

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	n) The genitalia for:	
	(1) Appearance	_____ _____
	(2) Testicle for:	
	(a) Descent	_____ _____
	(b) Rugae	_____ _____
	(c) Herniation	_____ _____
	(3) Labia separation	_____ _____
	(4) Discharge	_____ _____
	o) The rectum for:	
	(1) Patency	_____ _____
	(2) Meconium	_____ _____
	p) The hips for abduction	_____ _____
	q) The legs for:	
	(1) Symmetry of creases in the back of the legs	_____ _____
	(2) Equal length	_____ _____
	(3) Sickled foot/ankle	_____ _____
	r) The feet for:	
	(1) Digits, number, webbing	_____ _____
	(2) Creases	_____ _____
	(3) Reflexes	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	(4) Length of toenails	_____
	s) The arms for symmetry in:	
	(1) Structure	_____
	(2) Movement	_____
	t) The hands for:	
	(1) Number of digits	_____
	(2) Finger taper	_____
	(3) Simian crease	_____
	(4) Length of nails	_____
	u) Backside of baby for:	
	(1) Symmetry of hips	_____
	(2) Condition of the spine:	
	(a) Dimpling	_____
	(b) Holes	_____
	(c) Straightness	_____
	v) Temperature via:	
	(1) Axillary	_____
	(2) Rectal	_____
	w) Reflexes:	
	(1) Flexion of extremities and muscle tone	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	(2) Sucking	_____
	(3) Moro	_____
	(4) Babinski	_____
	(5) Plantar/palmar	_____
	(6) Stepping	_____
	(7) Grasp	_____
	(8) Rooting	_____
	x) Gestational age	_____
	y) Skin condition for:	
	(1) Color	_____
	(2) Lesions	_____
	(3) Birthmarks	_____
	(4) Milia	_____
	(5) Vernix	_____
	(6) Lanugo	_____
	(7) Peeling	_____
	(8) Rashes	_____
	z) Length of baby	_____
	aa) Weight	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	E. Assists in placental delivery and responds to blood loss by:	
	1. Reminding the mother of the onset of third stage of labor	_____ _____ _____
	2. Determining signs of placental separation such as:	
	a) Lengthening of cord	_____ _____
	b) Separation gush	_____ _____
	c) Rise in fundus	_____ _____
	d) Contractions	_____ _____
	e) Urge to push	_____ _____
	3. Facilitating the delivery of the placenta by:	
	a) Encouraging nursing	_____ _____
	b) Draining the cord	_____ _____
	c) Positioning mother on the toilet	_____ _____
	d) Changing the mother's position	_____ _____
	e) Administering non-allopathic treatments	_____ _____
	f) Manually removing the placenta	_____ _____
	g) Performing guarded cord traction	_____ _____
	4. After delivery, assessing the condition of the placenta	_____ _____
	5. Estimating the amount of blood loss	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	6. Responding to a trickle bleed by:	
	a) Assessing the origin of the blood	_____
	b) Responding to uterine bleeding with:	
	(1) Nipple stimulation/breastfeeding	_____
	(2) Fundal massage	_____
	(3) Assessment of fundal height and uterine size	_____ _____
	(4) Non-allopathic treatments	_____
	(5) Administration of medication	_____
	(6) Expression of clots	_____
	(7) Emptying the bladder	_____
	(8) Assessment of vital signs	_____
	c) Responding to vaginal tear and bleeding with:	
	(1) Application of direct pressure on tear	_____
	(2) Suturing	_____
	(3) Continued assessment of blood color and volume	_____ _____
	(4) Non-allopathic treatments	_____
	7. Responding to postpartum hemorrhage with:	
	a) Fundal massage	_____
	b) External bimanual compression	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	c) Internal bimanual compression	_____
	d) Manual removal of clots	_____
	e) Administration of medication	_____
	f) Non-allopathic treatments	_____
	g) Maternal focus on stopping the bleeding; tightening the uterus	_____
	h) Administration of oxygen	_____
	i) Administration of intravenous fluids or appropriate referral for intravenous fluids	_____
	j) Treatment for shock	_____
	k) Consulting and/or transferring	_____
	l) Activating medical emergency backup plan	_____
	m) Preparing to increase post-partum care	_____
	8. Manually removing placenta fragments and/or retained membranes with a sterile, gloved hand	_____
	F. Assesses general condition of mother and newborn by:	
	1. Assessing for bladder distention	_____
	2. Encouraging urination	_____
	3. Performing catheterization	_____
	4. Assessing lochia	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	5. Assessing the condition of vagina, cervix and perineum for:	
	a) Cystocele	_____ _____
	b) Rectocele	_____ _____
	c) Hematoma	_____ _____
	d) Tears	_____ _____
	e) Lacerations	_____ _____
	f) Hemorrhoids	_____ _____
	g) Bruising	_____ _____
	6. Repairing the perineum by:	
	a) Referring for repair	_____ _____
	b) Administering a local anesthetic	_____ _____
	c) Performing basic suturing of:	
	(1) 1st degree tears	_____ _____
	(2) 2nd degree tears	_____ _____
	(3) Labial tears	_____ _____
	d) Providing alternate repair methods (non-suturing)	_____ _____ _____
	7. Providing instruction for care and treatment of the perineum	_____ _____
	8. Facilitating breastfeeding by assisting and teaching about:	
	a) Positioning for mother and baby	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	b) Skin-to-skin contact	_____
	c) Latching on	_____
	d) Adequate maternal hydration	_____
	e) Adequate maternal nutrition	_____
	f) Adequate maternal rest	_____
	g) Feeding patterns	_____
	h) Maternal comfort measures for engorgement	_____
	i) Letdown reflex	_____
	j) Milk expression	_____

V. Postpartum

	A. Performs post partum reevaluation of mother and baby at:	
	1. Day-one to day-two	_____
	2. Day-three to day-four	_____
	3. One to two weeks	_____
	4. Three to four weeks	_____
	5. Six to eight weeks	_____
	B. Completes the birth certificate	_____
	C. Provides contraceptive education and counseling	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date	Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant	
	D. Assesses for, and treats jaundice by:	
	1. Administering non-allopathic remedies to nursing mother	_____
	2. Administering non-allopathic remedies to baby	_____
	3. Encouraging mother to breastfeed every two hours	_____
	4. Exposing the front and back of newborn to sunlight through window glass	_____
	5. Assessing baby for lethargy	_____
	6. Consulting or referring	_____
	E. Provides direction for care of circumcised penis	_____
	F. Provides direction for care of uncircumcised penis	_____
	G. Performs maternal four- to six-week post-partum check-up assessing for:	
	1. Post partum subjective history	_____
	2. Lochia	_____
	3. Return of menses	_____
	4. Physical condition by performing an examination including assessment of:	
	a) Vital signs	_____
	b) Systems function	_____
	c) Breastfeeding, condition of breast and nipples	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	d) Muscle prolapse of vagina and rectum (cystocele, rectocele, etc.)	_____ _____ _____
	e) Strength of pelvic floor	_____ _____ _____
	f) Condition of the uterus, ovaries and cervix	_____ _____ _____
	g) Condition of the vulva, vagina, perineum and anus	_____ _____ _____
	H. Treats thrush on nipples by encouraging/administering:	
	1. Drying nipples after nursing	_____ _____ _____
	2. Changing the pH of nipples by using non-allopathic remedies	_____ _____ _____
	3. Rinsing nipples before next nursing	_____ _____ _____
	I. Treats sore nipples with:	
	1. Application of lanolin	_____ _____ _____
	2. Exposure to the air	_____ _____ _____
	3. Suggestions for alternate nursing positions	_____ _____ _____
	4. Evaluation of the baby's sucking method	_____ _____ _____
	5. Suggestion to use a nursing brassiere	_____ _____ _____
	6. Application of expressed milk	_____ _____ _____
	J. Treats mastitis by:	
	1. Providing immune system support including:	
	a) Nutrition/hydration	_____ _____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	b) Vitamins	_____ _____
	c) Non-allopathic remedies	_____ _____
	2. Encouraging multiple nursing positions	_____ _____
	3. Applying herbal compresses	_____ _____
	4. Applying warmth, soaking in tub or by shower	_____ _____ _____
	5. Teaching mother to empty breasts at each feeding	_____ _____ _____
	6. Providing/teaching gentle massage of sore spots	_____ _____ _____
	7. Encouraging adequate rest/relaxation	_____ _____
	8. Wearing brassiere	_____ _____
	9. Assessing for signs and symptoms of infections	_____ _____ _____
	10. Consulting/referring to:	
	a) La Leche League	_____ _____
	b) Lactation counselor	_____ _____
	c) Other healthcare providers	_____ _____

VI. Well-Women Care

	A. Obtains a client history including:	
	1. Identifying information/demographics	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	2. Personal history, including religion, occupation, education, marital status, economic status, changes in health or behavior and woman's evaluation of her health and nutrition	_____ _____ _____ _____
	3. Potential exposure to environmental toxins	_____ _____
	4. Medical condition	_____ _____
	5. Surgical history	_____ _____
	6. Reproductive history including:	
	a) menstrual history	_____ _____
	b) gynecologic history	_____ _____
	c) sexual history	_____ _____
	d) childbearing history	_____ _____
	e) contraceptive practice	_____ _____
	f) history of STDs	_____ _____
	g) history of behavior posing risk for STD exposure	_____ _____ _____
	7. Family medical history	_____ _____
	8. Psychosocial history	_____ _____
	9. History of abuse	_____ _____
	10. Mental health history	_____ _____
	11. Relationship with significant other	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	B. Performs a general physical examination including assessment of:	
	1. General appearance	_____
	2. General systems	_____
	3. Skin condition	_____
	4. Torso, extremities for bruising, abrasions, moles, unusual growths	_____
	5. HEENT (Head, eyes, ears, nose and throat) including:	
	a) Hair and scalp	_____
	b) Eyes: pupils, whites, conjunctiva	_____
	c) Thyroid by palpation	_____
	d) Lymph glands of neck, chest and under arms	_____
	e) Mouth, teeth, mucus membrane, and tongue	_____
	6. Weight and height	_____
	7. Vital signs	_____
	8. Breast condition by examination	_____
	9. Heart and lungs (auscultate)	_____
	10. Abdomen (palpate and auscultate)	_____
	11. (CVAT) Costovertable Angle Tenderness	_____
	12. Deep tendon reflexes of the knee	_____
	13. Lower extremities for varicosities	_____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	14. Extremities for edema	_____ _____
	C. Performs urinalysis	_____ _____
	D. Performs gynecological examination including assessment of:	
	1. External genitalia	_____ _____
	2. The cervix by speculum (observe)	_____ _____
	3. Vulva, vagina, anus, perineum, urethra, clitoris, Bartholin's and Skeene's glands	_____ _____
	4. Vaginal discharge:	
	a) Odor	_____ _____
	b) Color	_____ _____
	c) Consistency	_____ _____
	d) Amount	_____ _____
	e) Obtain Pap smear and cultures	_____ _____
	E. Provides education, and communicates about:	
	1. Nutrition	_____ _____
	2. Female reproductive anatomy and physiology	_____ _____
	a) Monthly breast self examination techniques (BSE)	_____ _____
	b) Implications for the nursing mother	_____ _____
	c) Prevention of HIV/AIDS and other STDs	_____ _____
	d) The practice of Kegel exercises	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	F. Assesses client's family planning history and needs: counsels/prescribes	_____ _____ _____
	G. Provides opportunity for client to discuss problems or concerns	_____ _____ _____
	H. Refers client to other health care professionals, services, agencies, or other, as indicated	_____ _____ _____
	I. Maintains precise records	_____ _____ _____

VII. Well-Baby Care:

	A. Provides well-baby care during the first two - six weeks	_____ _____ _____
	B. Assesses the general health and appearance of baby including:	
	1. Temperature	_____ _____
	2. Heart rate, rhythm and regularity	_____ _____
	3. Respirations	_____ _____
	4. Weight	_____ _____
	5. Length	_____ _____
	6. Measurement of circumference of head	_____ _____
	7. Neuro-muscular response	_____ _____
	8. Level of alertness	_____ _____
	9. Wake/sleep cycles	_____ _____
	10. Feeding patterns	_____ _____

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Applicant's Name: _____ Social Security #: _____

Approx. Date		Preceptor initial for Entry-Level applicant or Description of acquisition of each skill for Special Circumstances applicant
	11. Urination and stool for frequency, quantity and color	_____ _____ _____
	12. Appearance of skin	_____ _____ _____
	13. Jaundice	_____ _____ _____
	14. Condition of cord	_____ _____ _____
	C. Provides treatment of skin conditions such as:	
	1. Diaper rash	_____ _____ _____
	2. Cradle cap	_____ _____ _____
	D. Provides treatment of thrush	_____ _____ _____
	E. Provides treatment for colic	_____ _____ _____

I, _____, whose name appears on each of the pages herein, hereby do swear that all of the information on these pages is true and correct to the best of my ability: and by signing before the Notary I am affirming that I can provide information or witnesses to attest to my having acquired the above skills in the above way(s).

Applicant's Signature: _____ Date: _____

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

Notary Seal

(Notary Signature)

My Commission Expires: _____