

Instructions for MEAC Graduates who apply for the CPM more than three years after graduation

MEAC graduates are expected to apply for NARM Certification within three (3) years of graduation. If application for certification is made after this time, NARM requires the following forms be completed and sent with your CPM application. These forms document ten (10) primary births, twenty-five (25) hours of continuing education, and five (5) hours of peer review within the three (3) years prior to the application submission.

Please use the following instructions.

1. **Please read all the materials.**
2. All forms must be filled out completely in black ink or typed and must be filled out in English.
3. **Do not use white-out** to make corrections. If you make an error, mark one line through it and initial.
4. Use **only** official NARM Forms for **all** materials submitted. **Do not create your own forms.**
5. **Make copies of all forms before entering information.**
6. Submit these forms along with the additional forms required in your CPM Application Packet.

Note: CPM applicants are randomly audited for items related to their application. Please keep copies of all documentation in the event of an audit.

Primary Birth Documentation Form 131

Applicant's Name: _____ Social Security #: _____

Applicant must keep the original client charts, copies, or best written documentation for all births.

This form must record ten (10) births, not including transports, the applicant attended as primary midwife or primary under supervision within the three (3) years prior to the application submission.

Birth #	Client # or Code	Date of Birth	Birth Site ¹	Witness ² Initials	Outcome: including actions, complications, etc.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

¹Birth Site: **HM** = Home; **FBC** = Free-standing Birthing Center

²Witness: anyone other than the applicant present at the birth

Continuing Education and Peer Review Form 132

Applicant's Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____

Fill out the name, address, phone, signature and initials of each Witness². Attach a copy of this sheet if necessary.

Print Witness(es) ³ Name, Address, Phone	Signature	Initials
1.		
2.		
3.		

Document twenty-five (25) hours of CEUs earned within the three (3) years prior to your application submission. One CEU equals one Contact Hour for the purpose of NARM Recertification.

**Number of
CEUs**

Category 1: Any class or course work that is granted CEUs in a health profession and that can be related to women's health or midwifery. _____

Category 2: Course work or classes in women's health and midwifery or in related fields without accredited CEUs. *(maximum ten (10) CEUs)* _____

Category 3: All must be related to the field of midwifery or women's health *(maximum fifteen (15) CEUs in any category 3 area)* —

3A: documented research _____

3B: writing technical or experienced based articles intended for publication _____

3C: writing as a contributing author in a larger work for publication _____

3D: teaching classes or facilitating course work _____

Category 4: Documented self study or life experience related to the field of midwifery or women's health *(maximum ten (10) CEUs)* _____

Category 5: Serving as a NARM QE, item writer, or a NARM subject matter expert, or participant in NARM's Accountability Processes *(maximum five (5) CEUs)* _____

Category 6: Filing MANA statistics forms, midwife code _____
..... *(maximum nine (9) CEUs)* _____

Total CEUs earned in this three year period _____

Document five (5) hours of Peer Review earned within the three (3) years prior to your application submission.

Attended Peer Review Workshop on date: _____ for how many hours _____.

Participated in Peer Review for how many hours _____.