



Mercy In Action

College of Midwifery

Clinical Preceptor Handbook



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Introduction:

Dear Preceptor,

Welcome to the Clinical Faculty of Mercy In Action College of Midwifery. I am so glad you have joined our team by agreeing to train a student from our school. Our mission at Mercy In Action College of Midwifery is to train competent, compassionate midwives of excellence who can serve women, infants, and families according to the Midwives Model of Care. You are a big part of that mission as you undertake the task of modeling the behavior of a professional out-of-hospital midwife to our students. We salute you, and look forward to a long and mutually beneficial relationship in the years to come. Let us know how we can assist you in this important and worthy undertaking.

Blessings and love,

Vicki Penwell, LM. CPM. MSM
Executive Director, Mercy In Action College of Midwifery

Hello Midwives,

I hear you want to be a preceptor. That makes me incredibly happy because it is our responsibility, honor and privilege to train the next generation of midwives. It is within our power to instill respect in the care of women as well as training for clinical excellence by raising up critical thinkers who will provide quality care. If becoming a preceptor seems daunting to you I would like to empower you with a few words of exhortation.

It is true for many of us that we forget how much we know. What do I mean by that? Well, you trained in how to become a midwife and now you have been working in that field for a period of time. The idea of training someone else might seem scary to you and you might feel that you do not have the tools you need to train them. You already own midwifery knowledge, now the idea is to effectively give that knowledge away. You will be supported, encouraged, and empowered along the way by Mercy In Action College of Midwifery. In this Preceptor Handbook we have compiled the forms you need to apply as a preceptor and document your student's work. Remember, you are not alone. It takes a village to raise a child and it takes a community to raise a midwife. We are here to help you along the way.

To the journey!

Rose Penwell, LM, CPM, BSM
Clinical Director, Mercy In Action College of Midwifery

Clinical Preceptor Qualifications:

Registered Preceptor with NARM

Beginning August 1, 2013 all preceptors must register with NARM in order to continue/receive qualified preceptor verification. To register, submit a complete preceptor registration form. The preceptor registration form may be downloaded here:

<http://narm.org/pdf/PreceptorRegForm.pdf> (pages 10-12)

The definitions in italics below are taken from the official NARM Preceptor Handbook.

What is a NARM Preceptor?

A NARM preceptor is a credentialed, experienced midwife who agrees to train apprentice midwives intending to apply for the Certified Professional Midwife (CPM) credential.

To serve as a preceptor for a CPM applicant, one must:

- *Hold a current North American midwifery credential:*
 - *Certified Professional Midwife (CPM)*
 - *Certified Nurse Midwife (CNM)/Certified Midwife (CM)*
 - *Licensed practitioner legally recognized by the state to provide maternity care*

- *Meet at least one of the following criteria:*
 - *Have at least 3 years of experience beyond entry-level CPM requirements, or*
 - *Have served as a primary/co-primary midwife for at least 50 births, including 10 continuity of care births, beyond the entry-level CPM* requirements*

- *Have provided continuity of care for at least 10 clients beyond entry-level CPM requirements*

- *Have attended a minimum of 10 out-of-hospital births in the last three years*

**Entry-level CPM requirements include completion of 25 births as a primary midwife under supervision. (For example, if calculating birth numbers including midwifery training, the total number should be at least 75 births as a primary/co- primary or primary under supervision.)*

What are the Requirements of a Preceptor?

- *Preceptors practice the Midwives Model of Care.*
- *Preceptors must register with NARM. The registration form may be found in this handbook and on our website at narm.org/preceptors.*
- *A preceptor may only sign for those experiences for which s/he was present and in the room in a supervisory role. Any preceptor who signs off on experiences s/he did not witness risks losing all preceptor privileges.*
- *A preceptor must only sign for those experiences for which s/he believes the apprentice has performed competently.*
- *Preceptors must assign a unique code to each client who may be documented on an apprentice's application. All apprentices must use the same codes when documenting care. Client codes must meet HIPAA requirements.*

For more detailed information, read "Guidelines for NARM Preceptors."

Preceptors are considered clinical faculty for Mercy In Action College of Midwifery. As faculty, they have the right and responsibility to participate in the development, implementation, and evaluation of curriculum, evaluation and advancement of students, periodic evaluation of student admissions criteria, periodic evaluation of program resources, facilities, and services, and supervision and evaluation of student learning in the clinical setting. Preceptors have a chance to make suggestions in the "end-of-semester evaluation forms", and will be invited to an annual All Faculty and Staff Meeting once a year on the campus in Boise.

Roles and Responsibilities of Clinical Preceptor:

As partners in our program, preceptors are required to:

- Provide the student with an in depth orientation of the practice/facility covering specifics regarding the students roles, responsibilities, and how they will be evaluated.
- Assist students in developing and refining clinical skills and competencies.
- Require/allow students to participate in activities for which they are qualified, re: Assist under Supervision or Primary under Supervision.
- Provide opportunities for student participation in clinical decision making.
- Guide student development in clinical reasoning, diagnosis, and patient management.
- Supervise student involvement in patient care, diagnosis, and treatment.
- Guide students in development of comprehensive charting and record keeping skills.
- Assess student's performance in the areas of knowledge, clinical skills, interpersonal skills, attitude, and professionalism.
- Include students in discussion of individual case management decisions as well as in regular peer review.
- Assist students in becoming competent, capable, conscientious, compassionate, and confident members of the midwifery profession.
- Mentor students through your actions as a role model in professional interactions with your colleagues, staff, and clients.

- Provide a venue in your facility for students to participate as part of the midwifery healthcare team.
- Support students in developing and further refine their critical thinking abilities.
- Provide students with regular feedback verbally and/or in written format and offer a summative assessment at the conclusion of the rotation.
- Maintain compliance with pertinent regulations regarding students (FERPA, HIPPA, OSHA, etc.).
- Be familiar with the Mercy In Action College of Midwifery curriculum and NARM Requirements to become a CPM.
- Communicate unsatisfactory performance of students to the Clinical Director.
- Participate in preceptor instructor training by taking online course “Navigating Ethical Student/Preceptor/Client Relationships”.
- Provide feedback to student and Mercy In Action College of Midwifery by submitting end of semester evaluations.
- Works cooperatively with course instructors in the facilitation, direct observation, and evaluation of student learning.
- Inform Mercy In Action College of Midwifery if any clinical staff involved with and directing the education of students at the Clinical Site changes, and submit a Preceptor Application for each new qualified clinical staff.

Clinical Site Guidelines:

Conditions to Qualify as a Clinical Site

- All preceptors and clinical sites must be able to ensure adequate clinical opportunities for students with a qualified preceptor.
- All preceptors and clinical sites must follow the MotherBaby Friendly criteria as defined below:
 - www.imbci.org
 - www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative
- All preceptors and clinical sites must follow universal precaution guidelines at all times:
 - www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html
- All preceptors and clinical sites must protect the Confidentiality and Privacy of Patient Information:
 - http://www.aafp.org/dam/AAFP/documents/medical_education_residency/fmig/HIPAA_student_forms.pdf
- All preceptors and clinical sites must follow policies and procedures that meet federal and state safety standards.
- All preceptors and clinical sites strive to the best of their ability to abide by the Best Practice Transfer Guidelines as defined below:
 - http://www.homebirthsummit.org/wp-content/uploads/2014/03/HomeBirthSummit_BestPracticeTransferGuidelines.pdf

Preceptor Benefits and Compensation:

Free Continuing Education

Mercy In Action College of Midwifery offers our own preceptors both training and valuable CEUs. When a preceptor signs a contract with one of our students as a preceptor, we send that preceptor two of our own MEAC Accredited on-line Continuing Education courses worth a total of 8 hours and valued at \$198.

- Mercy In Action: Navigating Ethical Student/Preceptor/Client Relationships (4 CEU)
- Mercy In Action's Cultural Competency and Respect in the Provision of Maternity Care (4 CEU)

Once the preceptor is signing for students during their Primary Under Supervision phase, the preceptor may avail themselves of any Mercy In Action live seminar that offer CEUs, up to 36 hours worth, at no cost, a \$900 value. As an additional benefit, local preceptors are always invited to sit in on any campus lectures during sessions of the Mercy In Action College of Midwifery. Write to info@mercyinaction.com for details.

Benefits

Preceptors should consider the following benefits from choosing to train a Mercy In Action College of Midwifery student.

Assist under supervision phase: Before beginning clinical experience, our students are trained as Certified Birth Assistants. In addition to being certified in CPR and NRP, they are trained and checked off on skills such as vital signs, labor monitoring, injections, and assisting a midwife through complications and emergencies. This prepares the student to be a valuable birth assistant to her midwife preceptor, so that often the preceptor no longer needs to pay the salary of a birth assistant or second midwife.

Primary under supervision phase: Once students have reached the level of Primary under Supervision, the preceptor may be training her future midwifery partner, or helping to solve the global crisis caused by a shortage of midwives.* This is often a very rewarding situation.

**Mercy In Action grants one Grand Challenge Full Scholarship per year to a deserving woman of color from a group with high infant and maternal mortality (see link). Our preceptors usually offer to continue that scholarship for the clinical portion for our Grand Challenge student; contact us for more information.*



PRECEPTOR APPLICATION

Date of Application: _____

Preceptor Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip _____

Cell Phone: _____ Home Phone _____

Email: _____

Birth Date: _____ Ethnicity (optional): _____

How many years have you been a midwife since you were licensed or became a CPM? _____

Approximately how many births have you attended as Primary or Co-Primary Midwife _____

Credentials (Circle) CPM CNM CM MD* DO* State Licensed Midwife

Are you currently licensed in your state? YES NO Licensed in any other states? _____

What is renewal date of your License or CPM? _____

Have you been approved as a NARM preceptor? Yes/No _____

Is your practice Rural/Urban? _____

Do you work in a group practice or partnership? _____

If yes, list names of other preceptors in your practice. _____

Approximately how many babies per year are born in your practice? _____

Approximately how many babies per year will your student attend? _____

* NOTE: If you are applying as a doctor, obstetrics must be a part of your practice.

Student's name you are applying to precept: _____

Student's expected start date _____

Signed _____ Date _____

Required Documentation Checklist for Preceptor:

- I have emailed a scan of my current license and/or CPM certificate
- I have emailed a copy of my NARM preceptor approval letter
(only needed if you will provide Primary Births Under Supervision)
- I have emailed a recent head and shoulder photo of myself

Submit by email to info@mercyinaction.com or by mail to:
Mercy In Action College of Midwifery • 3018 W. Overland. • Boise ID 83705 USA



Mercy In Action

College of Midwifery

3018 W. Overland Road, Boise, Idaho 83705

Hold Harmless Agreement

Clinical preceptors are faculty, as they oversee student learning. They maintain their own midwifery practice (per checklist, below) and Mercy In Action College of Midwifery has no interest or supervisory authority. As such, they are contractors rather than employees of the college. Preceptors make arrangements with students of the College according to their own procedures and needs. The College may facilitate communication between Preceptors and students but has no role in "placement" of either a student or a Preceptor.

Preceptors are responsible to:

1. Maintain necessary credentials of the jurisdiction in which they work and notify the College of changes, updates, cancellations, and/or extensions of these licenses.
2. Maintain a safe working environment and comply with Federal, State, and Local regulations for health and safety.
3. Supervise midwifery students according to standards established by the North American Registry of Midwives (NARM) for those preparing to sit for the examination for NARM licensure. These standards are described in full in the College's Clinical Preceptor Handbook and the NARM website.
4. At the end of each semester of the College (academic year = 2 semesters) meet with the student to:
 - fill out, discuss, and sign " Student Preceptor Semester Evaluation Form."
 - verify student's time sheet of hours worked in the Preceptor's practice
 - go over the student's MEAC Abbreviated NARM Skills form, sign off on those mastered and explain to the student work needed to achieve mastery on those not signed off. Further detail relating to skills sheets and other paperwork is found in the Clinical Preceptor Handbook
 - arrange for the submission of the above paperwork by the term deadline (two weeks after the final day of each semester).
5. Participate in the College community as a member of its Faculty by participating whenever able in the Annual Collaborative meeting for curriculum review and overall evaluation of the College's work and mission. Attend continuing education to which all Faculty members are invited as able, or complete online classes.
6. **Scope of practice checklist.** Please check off experiences that may be provided to students in your practice:

____ Prenatal Care

____ Post-partum Care of Mother

____ Intrapartum Care

____ Post-partum Care of Infant

Other (please list):

Glossary

Terms and definitions used in this glossary are taken from the NARM Preceptor Handbook.

Accountability: The check and balance system built into the certification process. Accountability includes continuing education, informed consent, peer review, complaint review, and the grievance mechanism.

ACNM: American College of Nurse-Midwives; the professional association that represents Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) in the United States.

AMCB: American Midwifery Certification Board.

Assistant Under Supervision: An apprentice midwife who is being taught to perform the skills of a midwife through hands-on clinical experience in gradually increasing degrees of responsibility.

Audit: A methodical examination and review of application materials, including any additional requested materials, such as practice documents and charts. Audits may be conducted randomly or for multiple discrepancies on any application type, including recertification applications.

Birth: Labor, delivery, and immediate postpartum period.

CIB: Candidate Information Booklet; A booklet published by NARM which outlines educational and application requirements for becoming a Certified Professional Midwife (CPM).

CPR: Cardiopulmonary Resuscitation.

CNM: Certified Nurse Midwife; An advanced practice registered nurse who has specialized education and training in both the disciplines of nursing and midwifery and is certified by the AMCB.

CM: Certified Midwife; A direct entry midwife who is certified by the AMCB.

Certified Professional Midwife (CPM): A professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and adheres to the Midwives Model of Care.

CEU: Continuing Education Unit; continuing education credits which are usually represented as credit hours but sometimes as units. For NARM recertification 1 contact hour equals 1 CEU.

Charts: A record of information about a client. Complete charts include the prenatal care record, labor and delivery records, newborn exam record, and postpartum record.

Client: A person who elects to use midwifery services provided by a professional midwife, which may include care provided by student midwives.

Clinical: Any direct observation or evaluation of a client, e.g. – a birth, prenatal, postpartum, or newborn exam.

Clinical Experience: Any experience involving direct observation or evaluation of a client and signed for by a witness or preceptor.

Complaint Review: A group review by CPMs, conducted locally, regarding a formal complaint filed against a CPM within 18 months of the conclusion of care (or within the time allowed by NARM policy). Complaint Review includes participation of the client whose course of care initiated the complaint, and may result in non-binding educational recommendations for the midwife or initiation of the NARM Grievance Mechanism.

Confidentiality: The protection of individually identifiable information, specifically client information.

Continuing Education: Keeping up with new developments in the field of midwifery, upgrading skills, acquiring new information, and reviewing skills and knowledge.

Continuity of Care (COC): Care provided throughout prenatal, intrapartum and postpartum periods. For the purposes of the NARM application, primary under supervision care must be provided for a minimum of five prenatals spanning at least two trimesters, the birth (including the placenta), the newborn exam, and at least two postpartums for five clients. Transports are not accepted for full Continuity of Care births. An additional ten primary under supervision births must include at least one primary under supervision prenatal.

Co-Primary: A midwife who shares care of a client with another midwife, with each midwife bearing equal responsibility for the actions, inactions and collective decisions.

Core Competencies: The Midwives Alliance of North America Core Competencies; a document of guidelines which establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice, providing the basis for the CPM credential.

Currency: Documentation of additional births and/or clinicals, which may be required for applications that have been in process for an extended period of time. Minimum required clinical experiences must span no longer than ten years, with at least ten out of hospital births within the last three years.

Education and Counseling: Information and discussion of components of the CPM Informed Consent Process and Shared Decision Making, provided in verbal and written language understandable to the client.

Eligibility: Process by which one may seek and obtain certification based upon personal, program, organization, state or international qualifications.

Emergency Care Form: A form individualized for each client, which should include the client's name, address, phone number, hospital chosen for transport (with telephone number), name and contact information of anyone who may be involved in the care of the client (such as client doctors or the backup physician for the midwife), and any person that the client lists as an emergency contact.

Expired CPM: One who has previously been issued the CPM credential but, within 90 days after her/his expiration date, has not provided documentation of maintaining the requirements of recertification.

Expired Application: An application which has been submitted to the NARM Applications Department and has been in process or incomplete for longer than the allowed time frame.

Fetal/Neonatal Death: A death from 20 weeks intra-uterine gestational age to 28 days old.

Freestanding Birth Center: A facility, institution, or place not normally used as a residence and not associated with or managed by a hospital, in which births are planned to occur in a home-like setting. Freestanding birth center births are considered out-of-hospital births.

Grievance Mechanism: The process used by the NARM Accountability Committee to handle formal complaints about a midwife, which is put into effect once a second complaint against a CPM or applicant is filed. The outcome is binding, and failing to meet the stated requirements results in the revocation of a CPM's credential, conditional suspension or denial of an application.

HIPAA Requirements: The requirements as laid out in the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), which are intended to protect all “individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral,” also known as protected health information. Protected health information may not be used or disclosed unless the individual who is the subject of the information authorizes in writing.

Hospital Birth Center: A birth facility, institution, or place associated with or managed by a hospital, which is equivalent to a hospital setting for a birth.

ICA: International Credentialing Associates; an independent, non-governmental professional organization which provides educational credential evaluation reports to other organizations for individuals who have completed all, or part, of their education outside the United States.

Inactive CPM: Voluntary suspension of CPM credential on an annual basis not to exceed six years; during which time the use of the CPM credential and preceptor/evaluator status is prohibited.

Informed Consent Form: A midwife’s documentation of the process leading to the decision made by a client that is outside the Midwife’s Plan of Care, which must include evidence, such as the client’s signature, that the client was fully informed of the potential risks and benefits of proceeding with the new care plan. Informed Consent

Process: Ongoing verbal and written education about risks, benefits and alternatives to the Midwife’s Plan of Care. The midwife utilizes individualized counseling based on her practice guidelines and skill level, the client’s medical history, and written documentation of a care plan that includes signatures of the client and midwife when appropriate. The Informed Consent Process necessitates revisiting areas of consent and non-consent over time and as changes occur. Also refer to Shared Decision Making.

Informed Disclosure: A form written in language understandable to the client which includes a place for the client to attest that she understands the content by signing her full name. The form must include a description of the midwife’s training and experience (including credentials), philosophy of practice, list of services provided, transfer consultation protocols, transport plan, the NARM Accountability Process, and HIPAA Privacy and Security Disclosures.

Initial Prenatal Exam: Intake interview, history (medical, gynecological, family) and physical examination. Information may be gathered over one or more early prenatals and should include both an oral/written history and a general overview of normal physical condition.

Licensed Midwife: A midwife who is legally recognized and regulated by her/his state.

MANA: Midwives Alliance of North America.

MEAC: Midwifery Education Accreditation Council.

Mediation: Process utilizing a third agreed upon party to bring about agreement or reconciliation among disputing parties.

Mentor: See Preceptor.

MIACOM- Mercy In Action College of Midwifery

Midwife: One who attends a woman in childbirth as the primary care provider.

Midwife's Plan of Care: A care plan provided by the midwife to her client that is informed by her training, competency, practice guidelines, regional community standards of both medical and midwifery maternity care providers, and legal requirements. The Plan of Care includes both written and verbal communication and is revisited throughout the course of care as changes occur and at the time an exam or procedure is provided. A client may refuse a procedure at any time.

Midwives Model of Care: A midwifery model of care based on the fact that pregnancy and birth are normal life events. The Midwives Model of Care includes: a) monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; b) providing the mother with individualized education, counseling and prenatal care, continuous hands-on assistance during labor and delivery and postpartum support; c) minimizing technological interventions; and d) identifying and referring women who require obstetrical attention. The application of this model has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

NARM: North American Registry of Midwives.

Newborn Exam: A complete and thorough examination of the infant conducted within 12 hours of the birth.

NNR: Neonatal Resuscitation.

NRP: Neonatal Resuscitation Program.

Observer: One who is physically present and observes a labor and birth.

OOC: Out of Country; specifically, midwifery training conducted outside the US or Canada.

Out-of-hospital (OOH) Birth: A planned birth in a home, freestanding birth center, or other location not connected to a hospital.

PEP-EL: Portfolio Evaluation Process – Entry Level; the application route through which midwifery apprenticeship with one or more preceptors is thoroughly documented for review for the purpose of qualifying for the CPM credential.

PEP-EM: Portfolio Evaluation Process – Experienced Midwife; the application route through which a midwife’s experience (a minimum of five years of experience beyond training) is thoroughly documented for review for the purpose of qualifying for the CPM credential.

PEP-IEM: Portfolio Evaluation Process – Internationally Educated Midwife; the application route through which the experiences and training of a midwife licensed or registered outside the US is thoroughly documented for review for the purpose of qualifying for the CPM. Documentation includes an initial report requested by the applicant and compiled by ICA.

Phase 1: The first of four phases of the PEP-EL application, requiring documentation of births attended as an Observer. Phase 1 serves as a beginning apprentice’s introduction to the preceptor’s practice.

Phase 2: The second of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as an Assistant Under Supervision. Phase 2 provides the apprentice with appropriate instruction and training in preparation for providing primary midwifery care under the direct supervision of a preceptor during Phase 3.

Phase 3: The third of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as a Primary Under Supervision, verification of skills, CPR/NRP certifications, verification of utilization of practice documents, and references.

Phase 4: The fourth of four phases of the PEP-EL application, requiring documentation of additional births as a Primary Under Supervision.

Philosophy of Birth: A written or verbal explanation that a midwife provides as part of Informed Disclosure for Midwifery Care in which the midwife explains her/his beliefs and opinions about the process of childbirth and the role of the midwife as care provider.

Plan of Care: See Midwife’s Plan of Care.

Planned Home Birth: A birth that, according to the antepartum plans set forth by the client, takes place in a home or similar setting.

Planned Hospital Birth: A birth that, according to the antepartum plans set forth by the client, takes place in a hospital or hospital birth center. A planned hospital birth may be a transfer of care from an out-of-hospital practice.

Postpartum Exam: A physical, nutritional and socio-psychological review of the mother and baby after 24 hours and up to six weeks following the birth, and does not include the immediate postpartum exam.

Practice Guidelines: A specific description of protocols that reflect the care given by a midwife, including the initial visit, prenatal, labor/delivery, immediate postpartum, newborn exam and postpartum care. Practice Guidelines should include an explanation of both routine care and protocols for transports and/or transfers of care.

Preceptor: A midwife who meets requirements for supervising CPM candidates, including current registration with NARM. The midwife must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years. Prenatal Exam: A complete and thorough routine examination, counseling, and education of the pregnant woman prior to birth.

Primary: A midwife who has full responsibility for provision of all aspects of midwifery care (prenatal, intrapartum, newborn and postpartum) without the need for supervisory personnel.

Primary Under Supervision: An apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during all care provided.

Protocols: See Practice Guidelines.

Qualified Evaluator (QE): An experienced CPM who has been trained and currently qualifies to administer the NARM Skills Assessment.

Recertification: The process through which a CPM renews credentialing every three years by documenting CEUs, peer review, cultural competency (if not previously documented), and current CPR/NRP certifications.

Recertification After Expiration: The process through which an expired CPM may reapply for the CPM credential by documenting birth experience, CEUs, peer review, cultural competency, and current CPR/ NRP certifications. The expired CPM will be required to retake the written exam unless s/he holds another current credential (such as a state license) recognized by NARM.

Registered Midwife: See Licensed Midwife.

Second Verification of Skills: One of two options for the secondary evaluation of a PEP applicant's skills, which may be verified either in a clinical setting or demonstrated on live volunteer models. The Second Verification of Skills may only be utilized if the applicant's Phase 3 Forms 112a-e, Form 200, and Form 201a were signed entirely by CPMs. The Second Verification of Skills Form 206 must be completed by a CPM who meets the requirements and did not sign for any skills on Form 201.

Shared Decision Making: The collaborative process that engages the midwife and client in decision making with information about treatment options, and facilitates the incorporation of client preferences and values into the plan of care. Also refer to Informed Consent Process.

Skills Assessment: One of two options for the secondary evaluation of a PEP applicant's skills. The Skills Assessment is administered by a Qualified Evaluator with whom the applicant has not attended more than five births, and must be completed through demonstration with live volunteer models.

Standards of Practice: See Practice Guidelines.

State Licensed: See Licensed Midwife.

Supervisor: See Preceptor.

Transport: Transfer of care during labor to another primary care giver prior to the birth of the baby.

Witness: Anyone other than the applicant present at a birth.

Written Exam: North American Registry of Midwives Written Exam

(updated August 20, 2017)