



Mercy In Action

**College of Midwifery**

## **Clinical Student Handbook**

( Updated August 10, 2016 )



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## Introduction:

*Dear Student Midwife,*

*Welcome to the clinical portion of your midwifery training! This training will consume you during the second through sixth semesters of the Mercy In Action College of Midwifery, and become the bedrock of your education as a midwife. You will learn literally hundreds of new skills, sharpen your decision-making and critical-thinking skills, and adjust your attitude while experiencing paradigm shifts a time or two along the way. As a clinical midwife student, you will attend hundreds of prenatal and postpartum exams, attend and assist with at least 55 labor and deliveries, and conduct check-ups on lots of cute babies. You will learn to work with different clinical preceptors, and come to appreciate the riches they can impart to you from their own life experience. In the process, you and your preceptors will also fill out a plethora of forms, which we have included for you in this handbook!*

*Please let us know how we can assist you as you travel the road to become a competent, confident midwife.*

*Blessings and love,*

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

*Hello Student Midwife,*

*I am so pleased that you are beginning this journey into clinical midwifery. There is a global shortage of midwives and YOU are the answer. I know that you will encounter long nights attending births, make new friends, and question why in the world you signed up for a profession with such crazy hours. I am here to tell you it is all worth it. The miracle of birth is like nothing else I have ever experienced. Women remember the birth of their children for their entire life. It is our honor and privilege to serve in this field.*

*In this handbook you will see the requirements for you and your clinical preceptor[s], as well as find the forms you will be filling out and having your midwife preceptor[s] sign to document your clinical experiences. We are here to support you along the way.*

*To the journey!*

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

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# 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/pdffiles/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](http://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.

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## 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.
- 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.

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## 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:
  - <http://www.motherfriendly.org/mfci/>
  - [www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative](http://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](http://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](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](http://www.homebirthsummit.org/wp-content/uploads/2014/03/HomeBirthSummit_BestPracticeTransferGuidelines.pdf)



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## Roles and Responsibilities of Student Midwife:

### **A Mercy In Action College of Midwifery student is required to:**

- Maintain professional appearance and conduct at all times while attending clinical experiences.
- Meet the learning objectives the preceptor sets through clinical experience or independent research.
- Maintaining communication with Mercy In Action College of Midwifery faculty by regular email or phone contact, and by submitting end of semester evaluations.
- Complete Clinical Hours Logged form and submit for review at the end of each semester
- Complete and have preceptor sign each clinical experience on Mercy In Action College of Midwifery forms (attached) and submit for review at the end of each semester
- Communicate with preceptor about personal performance on an ongoing basis.
- Respond to concerns from preceptor and Mercy In Action College of Midwifery faculty and administration.
- Assist the clinical preceptor and her team in all facets of clinical practice.
- Be proactive in approach to clinical cases – learning all about the diagnosis, treatment, and client communication.
- Develop and explore learning issues from clinical cases seen, and do independent reading and research to support this learning.
- Evaluate the preceptor and yourself at the end of each semester.

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# 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 prenatal visits 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.

## PRECEPTOR APPLICATION

Date of Application: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

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

Degrees (Circle) None Associates Bachelors Masters PhD Other \_\_\_\_\_

What is your degree in, if any? \_\_\_\_\_

How many years since you were first licensed to practice midwifery or became a CPM? \_\_\_\_\_

Are you in active full scope practice\*\* now? (Circle) Yes No

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

Are you currently licensed in your state? (Circle) Yes No Licensed in any other states? \_\_\_\_\_

What is renewal date of your License or CPM? \_\_\_\_\_

Have you been approved as a NARM preceptor? (Circle) Yes No

Is your practice (Circle) Rural or 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? \_\_\_\_\_

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

\*\* Active Full Scope practice means you provide prenatal, labor and delivery and postpartum services on a regular basis

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 (if applicable)
- I have emailed a recent head and shoulder photo of myself

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

## Student Preceptor Contract

### Student Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Preceptor information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Credentials (Circle all that apply) CPM CNM CM MD DO State Licensed Midwife

Have you submitted your Preceptor Application to Mercy In Action College of Midwifery? YES NO  
If no, please do so before proceeding with this contract)

### Practice or Birth Center Information:

Name of Practice or Birth Center \_\_\_\_\_

Type of Practice (Circle all that apply) Homebirth Birth Center Hospital Clinic

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you work with midwifery partners who will also be preceptors for this student? YES NO  
If YES, they will need to fill out an additional Student Preceptor Contract Form and Preceptor Application.

## Student Preceptor Contract

**Preceptor, please initial below on each clinical experience that you will offer for the student.**

	Number	Preceptor Initials	Approximate time frame
<b>Observes:</b>			
10 births as an Observer			
<b>Assists Under Supervision:</b>			
3 Initial Prenatal Assists			
25 Prenatal Assists			
20 Birth Assists			
20 Newborn Exam Assists			
10 Postpartum Exams Assist			
<b>Primaries Under Supervision</b>			
20 Initial Prenatal Exams as Primary			
55 Prenatal Exams as Primary			
25 Births as Primary			
20 Newborn Exams as Primary			
40 Postpartum Exams as Primary			
5 Continuities of Care			
10 Out of Hospital Births			

**Preceptor, please initial your acceptance of each item below.**

- I have received and read the Mercy In Action College of Midwifery Preceptor Handbook, which outlines my rights and responsibilities as a preceptor.
- I am committing to give the student named above the clinical experience numbers I initialed, to the best of my ability, within the next \_\_\_\_\_ months.
- I have reviewed the student's Clinical Requirement Forms Packet
- I agree to provide the student with adequate opportunities to observe and participate in clinical skills.
- I agree to verify the skills and experiences the student received in my practice by signing the student's forms.
- I agree to be physically present in the room when the student performs skills, as required by Mercy In Action College of Midwifery and North American Registry of Midwives (NARM).
- I agree to assume all responsibility for care provided by a student under my supervision.
- I agree to maintain open and honest communications with the student. This includes but is not limited to After Action Review (AAR), peer review, and other feedback on her performance.
- I agree to seek to resolve conflicts through relationship and honest communication with the student, and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the Preceptor Handbook for differences with the student that are unresolvable on our own.
- I agree to complete the Student Preceptor Semester Evaluation Form provided by Mercy In Action College of Midwifery at the end of each semester.

## Student Preceptor Contract

**Student, please initial your acceptance of each item.**

- I have received and read the Mercy In Action College of Midwifery Student Handbook, which outlines my rights and responsibilities as a student.
- I agree to be reliable for all clinical appointments and to be available when on-call as agreed upon.
- I agree to bring my Mercy In Action College of Midwifery Clinical Requirement Forms Packet each time I attend client interactions and to acquire appropriate preceptor signatures.
- I agree to respect confidentiality within the preceptor's practice. This includes not sharing information about clients or their care, other than as appropriate within confidential case presentations, and not sharing photographs of clients without the client's written permission.
- I agree to maintain appropriate dress and behavior in each clinical setting.
- I agree to maintain open and honest communications with my preceptor.
- I agree to seek to resolve conflicts through relationship and honest communications with the preceptor, and make every effort to address conflicts quickly and with kindness and grace; if necessary, I know I can utilize the Grievance Procedure found in the Student Handbook for differences with the preceptor that are unresolvable on our own
- I agree to complete the Student Preceptor Semester Evaluation Form provided by Mercy In Action College of Midwifery at the end of each semester.

**We agree to respect the terms as outlined in this Preceptor and Student Agreement.**

Preceptor signature: \_\_\_\_\_ Preceptor initials: \_\_\_\_\_

Date \_\_\_\_\_

Student signature: \_\_\_\_\_ Student initials: \_\_\_\_\_

Date \_\_\_\_\_

**Student Preceptor Semester Evaluation Form**

To be filled out by preceptor, discussed with student, and a copy submitted to Clinical Director at the end of each semester

Date \_\_\_\_\_

Semester (circle one) 2 3 4 5 6

Preceptor's Name: \_\_\_\_\_

**To be answered by the Preceptor**

1. Do the preceptor and student meet outside of clinical time to evaluate student's performance and progress in the area of skills, knowledge, and attitude? Have clear goals been outlined, such as expected rate of progress?

2. Is the student provided with opportunity to progress in increasing levels of skills, decision-making, and responsibilities? If the student is not progressing, what are the possible impediments?

3. Is the student demonstrating adequate self-study skills, including being able to articulate theory behind clinical skills?

4. Are expectations being met for both preceptor and student? If not, what are the areas requiring more focus?

Additional topics of discussion: \_\_\_\_\_

**To be answered by the Student**

1. Do the preceptor and student meet outside of clinical time to evaluate student's performance and progress in the area of skills, knowledge, and attitude? Have clear goals been outlined, such as expected rate of progress?

2. Is the student provided with opportunity to progress in increasing levels of skills, decision-making, and responsibilities? If the student is not progressing, what are the possible impediments?

3. Is the student demonstrating adequate self-study skills, including being able to articulate theory behind clinical practice?

4. Are expectations being met for both preceptor and student? If not, what are the areas requiring more focus?

Additional topics of discussion: \_\_\_\_\_



**Student Preceptor Semester Evaluation Form**

Semester (circle one) 2 3 4 5 6

	<b>Observation</b>	<b>Beginning Assistant</b>	<b>Assistant</b>	<b>Beginning Primary</b>	<b>Primary</b>
<b>Professional and Personal Skills</b>	<input type="checkbox"/> Non-participatory; sensitive to client and preceptor needs	<input type="checkbox"/> Beginning to grasp client issues and contribute to conversations	<input type="checkbox"/> Actively identifies and researches client issues. Takes initiative.	<input type="checkbox"/> Able to conduct visits with input from preceptor.	<input type="checkbox"/> Firm grasp of theory. Demonstrates strong interpersonal skills and can communicate well with other care providers
<b>Counseling and Education</b>	<input type="checkbox"/> Non-participatory	<input type="checkbox"/> Beginning to elicit information and develop active listening skills	<input type="checkbox"/> Beginning to offer input in education and informed choice	<input type="checkbox"/> Able to present verbal informed choice in all areas. Competent in dealing with difficult emotional issues	<input type="checkbox"/> Educates clearly in all areas without requiring input from preceptor
<b>Prenatal and Postpartum Appointments</b>	<input type="checkbox"/> Non-participatory; observes and asks questions appropriately	<input type="checkbox"/> Beginning to assess vital signs, abdominal exam and charting with assistance	<input type="checkbox"/> Competently assess vitals and FHR. Knows the routine for all visits. Charting is accurate and complete	<input type="checkbox"/> Accurately assesses fetal position and fundal height, performs venipuncture, identifies and manages risks and complications with input from preceptor	<input type="checkbox"/> Conducts care and assessments independently and accurately without requiring input from preceptor
<b>Labor, Birth and Immediate Postpartum</b>	<input type="checkbox"/> Learning labor support, set up, charting, clean up	<input type="checkbox"/> Beginning to assess vital signs, charting significant events	<input type="checkbox"/> Accurately assess vitals, FHTs, beginning internal exams with input from preceptor, charting is accurate and complete, knows birth bag/room set up	<input type="checkbox"/> Able to manage birth and postpartum with input from preceptor, including birth of placenta, EBL. Assists with complications including being able to start an IV	<input type="checkbox"/> Independently manages birth and complications without requiring input from preceptor

## Student Preceptor Semester Evaluation Form

Semester (circle one) 2 3 4 5 6

<b>Clinical Experience</b>	<b>Total Number Attended to Date with ALL Preceptors</b>
Observed Births	
Births as an Assistant	
Initial Prenatals as an Assistant	
Prenatals as an Assistant	
Newborn Exams as an Assistant	
Postpartum Exams as an Assistant	
Births as a Primary	
Continuity of Care Births as a Primary	
Primary Births with at least 1 Prenatal	
Initial Prenatals as a Primary	
Prenatals as a Primary	
Newborn Exams as a Primary	
Postpartum Exams as a Primary	

How many total skills have you checked off on the MEAC Abbreviated NARM Skills Form? \_\_\_\_\_/151

**Preceptors or Students:** Please note any edits or updates you recommend to the course curriculum. Comments will be reviewed by the Director of Midwifery Education and staff at our annual meeting, to ensure our programs and content remain up to date.

  
  
  
  
  
  
  
  
  
  

\_\_\_\_\_  
Preceptor Signature Date

\_\_\_\_\_  
Student Signature Date



## Clinical Forms Requirement Summary

This is a checklist for tracking progress through the forms required in the clinical portion of the school.

✓	Clinical Requirements	Date of Completion (MM/DD/YY)
	Duration of Clinical Experience (minimum 2 years): Date of FIRST Supervised Clinical Recorded on forms #'A1-P5(MM/DD/YY): _____ Date of LAST Supervised Clinical Recorded on forms #'A1-P5 (MM/DD/YY): _____	
	Form #O1: 10 Births as an Observer	
	Form #A1: 3 Initial Prenatal Exams as Assistant Under Supervision	
	Form #A2: 22 Prenatals Exams as Assistant Under Supervision	
	Form #A3: 20 Births as Assistant Under Supervision	
	Form #A4: 20 Newborn Exams as Assistant Under Supervision	
	Form #A5: 10 Postpartum Exams as Assistant Under Supervision	
	Form #P1: 20 Initial Prenatal Exams as Primary Under Supervision	
	Form #P2: 55 Prenatal Exams as Primary Under Supervision	
	Form #P3: 25 Births as Primary Under Supervision	
	Form #P4: 20 Newborn Exams as Primary Under Supervision	
	Form #P5: 40 Postpartum Exams as Primary Under Supervision	
	NARM Form 102: Birth Experience Background Form	
	NARM Form 200: Continuity of Care: All of these 5 Births as Primary Under Supervision must include Full Continuity. Each must include 5 prenatal spanning 2 trimesters, the birth, newborn exam, and 2 postpartum exams. Only approved Preceptors may sign this form in the spaces marked "Witness."	
	MEAC Continuity of Care Documentation Form: Complete one of these forms for EACH of the 5 births listed on NARM form 200 Continuity of Care.	
	NARM Form 204: Out of Hospital Birth: 10 of the Births as Primary Under Supervision must be in an out of hospital setting, and must occur within 3 years of taking the NARM Exam. Only approved Preceptors may sign this form in the spaces marked "Witness."	
	NARM Form 205b: Document Verification	
	MEAC Abbreviated NARM Skills Form	

**NOTE: Birth settings:**

A minimum of 2 PLANNED HOSPITAL births (not transports) are required to be attended by the student. This should be reflected on form O1. A minimum of 5 HOME births are required to be attended by the student in any role: as an Observer, Assistant or Primary Midwife Under Supervision. This should be reflected on forms O1,A3 and/or P3

## Births as an Observer

This form must document a total of 10 Births, in chronological order. These births may occur in any setting in any capacity; the student may be in the role of an observer, doula, family member, friend, nurse, student midwife, etc.

This is the only clinical requirement that does not need the direct supervision of an approved preceptor; this form may be signed by any witness to the birth, including one of the parents.

Births on this form must have occurred no more than 10 years prior to the student sitting the NARM Exam.

Birth Site Code: H=Home, BC=Birth Center, HSP=Hospital

Birth Role Code: O=Observer, D=Doula, FM=Family Member, FR=Friend, M=Medical (nurse,etc)

Birth #	Client # or Code	Date of Birth	Birth Site	Role	Witness name	Witness signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

TOTAL # hospital births \_\_\_\_\_ TOTAL # home births \_\_\_\_\_

**Birth Experience in Specific Settings:** Of all the births a student attends during training (as Observer, Assistant, or Primary Midwife under Supervision), at least 2 must be planned hospital births (these cannot be intrapartum transports but may be antepartum referrals) and 5 must be home births.

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.  
**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Initial Prenatal Exams as Assistant Under Supervision

This form must document a total of 3 Initial Prenatal Exams, in chronological order. If this Initial Prenatal Exam spans two visits, date should be recorded as the date of the first visit, and will count only one time on this form.

An Initial Prenatal exam as an assist includes all of the elements of a prenatal exam PLUS assisting the preceptor with intake interview, history (medical, gynecological, obstetrican, family, etc) initial lab work, and a complete physical head-to-toe examination. A Prenatal assist may consist of the following, but is not limited to: student assisting the preceptor with chart review, weight, blood pressure, pulse, FHT, determining position, evaluation of size for dates, education and counseling, labwork, evaluating the need for referral, charting, cleanup, scheduling next visit, filling out referral forms and lab slips, and creating care plans.

Estimated time per visit: 1 hour.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Prenatal Exams as Assistant Under Supervision

This form must document a total of 22 Prenatal Exams, in chronological order.

A Prenatal assist may consist of the following, but is not limited to: assisting the preceptor with chart review, weight, blood pressure, pulse, FHT, determining position, evaluation of size for dates, education and counseling, labwork, evaluating the need for referral, charting, cleanup, scheduling next visit, filling out referral forms and lab slips, and creating care plans. Estimated time per visit: 30 minutes.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.  
**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Births as Assistant Under Supervision

This form must document a total of 20 Births, in chronological order. No more than 4 transports are allowed on this form. At least 18 of these must be completed prior to beginning Births as Primary Under Supervision.

Birth Site Code: H=Home, BC=Birth Center, HSP=Hospital

A Birth as Assistant Under Supervision may consists of the following, but is not limited to: assisting the midwife in whatever she requests, including charting, set-up, early labor evaluation, admission procedures, keeping track of progress and normalcy of labor, vital signs, FHT, providing comfort measures, assisting with the birth and placenta, APGAR scores, evaluating newborn response and vitals, clean-up, sterilizing, restocking, and giving instructions to the new family. Student will also be assisting the mother and her family, helping mother's partner to provide comfort measures or to participate in delivery, and assisting the mother with establishment of immediate breastfeeding.

Estimated time per birth: 12 hours.

Birth #	Client # or Code	Date of Birth	Birth Site	Preceptor name	Preceptor signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

TOTAL # out-of-hospital births \_\_\_\_\_ TOTAL # home births \_\_\_\_\_ TOTAL # transports \_\_\_\_\_

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Newborn Exams as Assistant Under Supervision

This form must document a total of 20 Newborn Exams, in chronological order. This exam must be done within 12 hours of the birth.

A Newborn Exam as an assist may consist of the following, but is not limited to: the student assisting the preceptor with head-to-toe physical exam, reflexes, weight and length measurements, gestational age assessment, application of erythromycin eye ointment, administration of vitamin K, metabolic screening, referral for hearing screening, referral for pediatric follow-up, foot-printing, birth certificate, and advice to parents.

Estimated time per visit: 30 min.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Postpartum Exams as Assistant Under Supervision

This form must document a total of 10 Postpartum Exams, in chronological order. These visits must be done between 12 hours and 6 weeks following the birth.

A Postpartum Visit to MotherBaby as an assist may consist of the following, but is not limited to: assisting the preceptor with chart review for follow up on such things as the need for RhoGam, newborn metabolic screen, newborn hearing screening, following up on any birth complications, physical assessment and vitals of both mother and baby, check baby weight gain, check umbilical cord and remove cord clamp if necessary, counseling regarding breastfeeding or bottle-feeding, evaluation of baby for dehydration, nutritional counseling for mother and baby, any necessary labwork, education and counseling for any discomforts, assessment of lochia, check healing of any stitches/ tears, answering parent's questions, evaluate need for referral to social or medical resources, charting, scheduling next visit, filling out any necessary referral forms and lab slips.

Estimated time per visit: 1 hour.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## Initial Prenatal Exams as Primary Under Supervision

This form must document a total of 20 Initial Prenatal Exams, in chronological order. If this Initial Prenatal Exam spans two visits, date should be recorded as the date of the first visit, and will count only one time on this form.

An Initial Prenatal Exam includes all of the elements of a prenatal exam PLUS intake interview, history (medical, gynecological, obstetrican, family, etc) initial lab work, and a complete physical head-to-toe examination. A Prenatal may consist of the following, but is not limited to: chart review, weight, blood pressure, pulse, FHT, determining position, evaluation of size for dates, education and counseling, labwork, evaluating the need for referral, charting, cleanup, scheduling next visit, filling out referral forms and lab slips, and creating care plans. The Preceptor will only sign off a clinical on this form when the student demonstrates mastery to the preceptor's satisfaction.

Estimated time per visit: 1 hour.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.



## Prenatal Exams as Primary Under Supervision

This form must document a total of 55 Prenatals, in chronological order.

A Prenatal may consist of the following, but is not limited to: chart review, weight, blood pressure, pulse, FHT, determining position, evaluation of size for dates, education and counseling, labwork, evaluating the need for referral, charting, cleanup, scheduling next visit, filling out referral forms and lab slips, and creating care plans. The Preceptor will only sign off a clinical on this form when the student demonstrates mastery to the preceptor's satisfaction.

Estimated time per visit: 30 minutes.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

**Prenatal Exams as Primary Under Supervision**

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.  
**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.



## Births as Primary Under Supervision

This form must document a total of 25 Births; 15 with at least 1 prenatal, in chronological order. No more than 2 transports are allowed on this form. At least 18 Births as Assistant Under Supervision must be completed prior to beginning this form. Birth Site Code: H=Home, BC=Birth Center, HSP=Hospital

Births as Primary Under Supervision means that the student demonstrates the ability to perform all aspects of midwifery care, including skills performance and critical thinking and decision making. The student is present for all stages of labor and delivery and immediate postpartum, makes all clinical decisions, and is able to articulate the rationales for these decisions, and charts or directs the charting of all stages of labor and delivery, and immediate postpartum. The Preceptor will only sign off a clinical on this form when the student demonstrates mastery to the preceptor's satisfaction.

Estimated time per birth: 24 hours.

Birth #	Client # or Code	Date of Birth	Birth Site	Prenatal Y/N	Preceptor name	Preceptor signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

TOTAL # out-of-hospital births \_\_\_\_\_ TOTAL # home births \_\_\_\_\_ TOTAL # transports \_\_\_\_\_

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Newborn Exams as Primary Under Supervision

This form must document a total of 20 Newborn Exams, in chronological order. This exam must be done within 12 hours of the birth.

A Newborn Exam may consist of the following, but is not limited to: head-to-toe physical exam, reflexes, weight and length measurements, gestational age assessment, application of erythromycin eye ointment, administration of vitamin K, metabolic screening, referral for hearing screening, referral for pediatric follow-up, foot-printing, birth certificate, and advice to the parents. The Preceptor will only sign off a clinical on this form when the student demonstrates mastery to the preceptor's satisfaction.

Estimated time per visit: 30 min.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Postpartum Exams as Primary Under Supervision

This form must document a total of 40 Postpartum Exams, in chronological order. These visits must be done between 12 hours and 6 weeks following the birth.

A Postpartum Visit to MotherBaby may consist of the following, but is not limited to: chart review for follow up on such things as the need for RhoGam, newborn metabolic screen, newborn hearing screening, following up on any birth complications, physical assessment and vitals of both mother and baby, check baby weight gain, check umbilical cord and remove cord clamp if necessary, counseling regarding breastfeeding/bottlefeeding, evaluation of baby for dehydration, nutritional counseling for mother and baby, any necessary labwork, education and counseling for any discomforts, assessment of lochia, check healing of any stitches/ tears, answering parent's questions, evaluate need for referral to social or medical resources, charting, scheduling next visit, filling out any necessary referral forms and lab slips. The Preceptor will only sign off a clinical when the student demonstrates mastery to the preceptor's satisfaction.

Estimated time per visit: 1 hour.

Exam #	Client # or Code	Date	Preceptor name	Preceptor signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.

**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Postpartum Exams as Primary Under Supervision

Exam #	Client # or Code	Date of Post- partum Exam	Preceptor name	Preceptor signature
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

**Client Charts:** The Student and Preceptor must follow NARM's CIB Guidelines for Verifying Documentation of Clinical Experience.  
**This Form:** If a mistake is made, make one line through that row and re-number. Add more copies of this form as needed.

## Clinical Record Forms Instructions: For Students and Preceptors

**General Instructions:** Write student name clearly on each form, and use the full legal name that the student will be using when applying for the CPM certificate. Please list all clinical experiences in Chronological order and print clearly. The Preceptor must sign, not just initial, every line. When the form is complete, please photocopy a new page and continue to add and sign clinical experiences on each form until the student graduates. Do not stop filling out and signing the form just because it is complete. All clinical experience should be documented.

**Semester Reporting:** Student submits semester evaluations that must be filled out and signed by both the student and the preceptor.

**Guidelines for Verifying Documentation of Clinical Experience:** The Student and Preceptor must follow the guidelines in NARM's Candidate Information Bulletin, found online at [www.narm.org](http://www.narm.org), including but not limited to the following: Student's and Preceptor's care at the encounter must be reflected on the client's chart via name or initials, in case of audit. The Student must have access to the original client charts for all births and procedures documented. The original client charts shall be kept by the preceptor. Client confidentiality must be protected by identifying them on these Clinical Record Forms with a unique client code under "Client # or Code," to reference the client chart, using one code for each client pregnancy.

**Order of Completion:** At least 18 of the 20 Births as Assistant under Supervision must be completed prior to beginning Births as a Primary under Supervision. The rest of the forms do not need to be completed in any specific order, although in most cases all the Assists will be completed before an Primary care begins. All forms need to be completed prior to applying for permission to take the NARM Exam.

**Credit:** The Preceptor will only sign off a clinical when the student has demonstrated the minimum required skill competency level. For the Assists, the student must have shown active participation; for the Primary, the student must have shown mastery to the preceptor's satisfaction. With the exception of 10 Birth Observes, all clinicals must be signed by an approved preceptor or will not be eligible to satisfy requirements. Preceptors that sign Primary forms must be signed up with NARM. Students may submit additional clinicals beyond requirements. These extra clinicals and clinical contact hours will be listed on the student transcript, however credit is only given for required clinicals.

**Birth Experience in Specific Settings:** Of all the births a student attends during training (as Observer, Assistant, or Primary Midwife under Supervision), at least 2 must be planned hospital births (these cannot be intrapartum transports but may be antepartum referrals) and 5 must be home births.

**Time Frames:** Clinical Experience documented on these forms must span at least 2 years. All clinicals must occur within 10 years prior to the student's passing the NARM exam, and 10 of the experiences reported on NARM Out of Hospital Birth Documentation Form 204 must take place no earlier than 3 years prior to the NARM exam.

**NARM Continuity of Care-Practical Experience Form 200 and NARM Out of Hospital Birth Documentation Form 204.** These forms may be filled with clinicals that have already been entered on Primary Midwife Under Supervision Forms. (Please use NARM's official versions of these forms and read the instructions carefully, as these will be part of the student's NARM Exam Application). MEAC students are not required to submit Out of Country (OOC) Birth Sites Form 230 listed on Forms 200 and 204.

**NARM Birth Experience Background Form 102** - Use the births from forms and any other births you ever attended, even before being enrolled in this college.

## Clinical Hours Logged

Fill in every date you are involved in clinical experience, itemizing the hours into the proper categories.  
Print new pages as necessary.

Student Name \_\_\_\_\_ Page \_\_\_\_\_

Date	Initial Visit	Prenatal	Birth	Post-Partum	Newborn
Total this page					
Total brought forward					
<b>Grand total</b>					



## Required Clinicals

	Hours/visit*	Required**	Total Hours	Credits
<b>Observes</b>				
Births as Observer	24.25 hr	10	242.5	5.40
<b>Assists Under Supervision:</b>				
Initial Prenatal Assists	2 hr	3	6	0.13
Prenatal Assists	1.25 hr	22	27.5	0.61
Birth Assists	24.25 hr	20	485	10.78
Newborn Exam Assists	1.25 hr	20	25	0.56
Postpartum Exam Assists	1.75 hr	10	17.5	0.39
			sub-total 561	sub-total 12.47
<b>Primaries Under Supervision:</b>				
Initial Visits	2 hr	20	40	0.89
Prenatal	1.25 hr	55	68.75	1.53
Birth as Primary	24.25 hr	25	606.25	13.47
Newborn Exams	1.25 hr	20	25	0.56
Postpartum Exams	1.75 hr	40	70	1.56
NARM Continuity of Care	N/A	5	N/A	N/A
NARM Out of Hospital Births	N/A	10	N/A	N/A
			sub-total 810	sub-total 18.01
<b>CLINICAL TOTALS</b>			<b>1613.5</b>	<b>35.88</b>

**Conversion to semester credit hours:** 45 clinical contact hours = 1 credit hour

\* Hours estimate based on survey of Mercy In Action College of Midwifery preceptors

\*\* Required clinical experiences as required by NARM for CPM qualifications

*Updated August 1, 2016*

**I. Midwifery Counseling, Education and Communication**

This form tracks completion of required NARM Skills. Preceptor verifies that the student has mastered the skill under her direct supervision by signing and dating this form.

Student is to demonstrate mastery of skills as outlined in the book Practical Skills Guide for Midwifery by Evans and Weaver.

*\*Note: Four of the skills (#'s 72, 76, 137 and 168) require the evaluation and verification of 2 different preceptors.*

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(1) Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers			
(2) Provides education, support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes			
(3) Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment			
(4) Facilitates the mother's decision of where to give birth			
(5) Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome			
(6) Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum			
(7) Applies the principles of informed consent			
(8) Provides individualized care			
(9) Advocates for the mother during pregnancy, birth and postpartum			
(10) Genetic counseling for at-risk mothers			
(11) Abuse issues: emotional, physical and sexual			
(12) Prenatal testing			
(13) Diet, nutrition and supplements			
(14) Effects of smoking, drugs and alcohol use			
(15) Situations requiring an immediate call to the midwife			
(16) Sexually transmitted diseases			
(17) Complications			
(18) Environmental risk factors			
(19) Newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc			
(20) Postpartum care concerning complications and self-care			
(21) Uses appropriate communication and listening skills across all domains of competency			
(22) Complies with all local regulations for birth and death registration, mandatory reporting for physical abuse, and infectious disease reporting			
(23) Takes a leadership role in the practice arena based on professional beliefs and values			
(24) Complies with privacy and protected health information regulations (i.e., HIPAA compliance)			
(25) Counseling on loss of pregnancy			

## II. General Healthcare Skills

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(26) Demonstrates Universal Precautions			
(27) Demonstrates the application of OSHA regulations as they relate to midwifery workplace			
(28) Demonstrates the application of aseptic technique			
(29) Is trained in adult/infant CPR/neonatal resuscitation			
(30) Uses alternate healthcare practices (non-allopathic treatments)			
(31) Refers to alternate healthcare practitioners for non-allopathic treatments			
(32) Recommends the use of vitamin and mineral supplements			
(33) Refers for performance of ultrasounds			
(34) Uses Doppler			
(35) Refers for performance of biophysical profile			
(36) Requests and/or performs and interprets selected screening tests including, but not limited to: screening for HIV, STIs, and PAP tests			
(37) Provides collaborative care, support and referral for treatment for the HIV positive woman and HIV counseling and testing for women who do not know their status (however authorized to do so in the jurisdiction of practice)			
(38) Uses the microscope to perform simple screening tests including, but not limited to: amniotic fluid ferning, candida, trichomonas, and bacterial vaginosis			
<b>II D. Demonstrates the use of instruments and equipment including:</b>			
(39) Bag and mask resuscitator			
(40) Blood pressure cuff			
(41) Bulb syringe			
(42) Cord clamp and/or cord tape			
(43) DeLee® (or other tube/mouth suction device)			
(44) Doppler and/or Fetoscope			
(45) Gestation calculation wheel/calendar			
(46) Hemostats			
(47) Infant airway			
(48) Lancets			
(49) Newborn and adult scale			
(50) Nitrazine paper			

**II. General Healthcare Skills - Continued**

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(51) Needle and syringe			
(52) Scissors (all kinds)			
(53) Single dose ampule			
(54) Speculum			
(55) Stethoscope			
(56) Suturing equipment			
(57) Tape measure			
(58) Thermometer			
(59) Urinalysis strips			
(60) Urinary catheter			
(61) Vacutainer/blood collection tube			
(62) Vaginal culture equipment			
<b>II H. Treats for shock by:</b>			
(63) Recognizing the signs and symptoms of shock, or impending shock			
(64) Assessing the cause of shock and providing treatment for shock			
<b>II K. Administers the following pharmacological (prescriptive) agents:</b>			
(65) Lidocaine			
(66) Medical oxygen			
(67) Methergine			
(68) Prescriptive ophthalmic prophylaxis ointment (e.g., erythromycin)			
(69) Pitocin ®			
(70) RhoGam ®			

**III. Maternal Health Assessment**

(71) Obtains and maintains records of health, reproductive and family medical history			
*(72a.) Performs an initial history and physical examination including vital signs			
*(72b.) 2nd Evaluation of this skill by 2nd Preceptor			
(73) Estimates due date based upon a variety of methods			
(74) Assesses fetal weight, size, lie, or lightening			
(75) Assesses correlation of weeks gestation to fundal height'			
*(76a.) Performs routine prenatal physical exams			
*(76b.) 2nd Evaluation of this skill by 2nd Preceptor			

**III. Maternal Health Assessment - continued**

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(77) Evaluates laboratory and medical records from other practitioners			
(78) Obtains assistance evaluating laboratory and medical records from other practitioners			
(79) Records results of the examination in the prenatal records			
<b>III C. Knows pelvic exam, including assessing:</b>			
(80) The condition of the uterus, ovaries and cervix (by speculum)			
(81) Performs a Papanicolaou (Pap) test			
(82) Obtains gynecological cultures			
(83) The size of the uterus and fetal age (by bimanual exam), the condition of the vulva, vagina, cervix, perineum and anus			
<b>III K. Provides prenatal education, counseling, and referral or management for:</b>			
(84) Nutritional, and non-allopathic dietary supplement support			
(85) Common complaints of pregnancy			
(86) Assessing, educating and counseling for pregnancy-induced hypertension using a variety of methods			
(87) Identifying preeclampsia and collaborating and managing preeclamptic mothers			
(88) Identifying and turning breech presentations			
(89) Identifying multiple gestation pregnancies			
(90) Identifying and dealing with pre-term labor			
(91) Assessing, evaluating and treating a post date pregnancy			
(92) Identifying and referring tubal (ectopic) pregnancy			
(93) Identifying and referring placenta abruption			
(94) Identifying placenta previa			
(95) Identifying premature rupture of the membranes			
(96) Managing premature rupture of the membranes in a full-term pregnancy and/or consulting and referring appropriately:			
(97) Establishes and follows emergency contingency plans for mother and/or newborn			
(98) Identifying and dealing with hyperemesis			
(99) Identifying and referring for co-management genital herpes			
(100) Counseling on exposure to or contraction of infectious disease (e.g. HIV, Hep B & C, Varicella, Rubella, cytomegalovirus)			
(101) Counseling and managing GBS positive vaginal rectal culture			
(102) Counseling on Toxoplasmosis			
(103) Counseling on Depression			

**IV. Labor, Birth and Immediate Postpartum**

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(104) Takes a specific history and maternal vital signs in labor			
(105) Performs a focused physical examination in labor			
(106) Performs a complete abdominal assessment for fetal position and descent			
(107) Times and assesses the effectiveness of uterine contractions			
(108) Performs a complete and accurate pelvic examination for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby vaginally			
(109) Monitors and charts progress of labor			
(110) Facilitates the presence of a support person during labor and birth			
(111) Stimulate or augment uterine contractility, using non-pharmacologic agents			
(112) Perform appropriate hand maneuvers for a vertex birth			
(113) Facilitates maternal relaxation and provides comfort measures throughout labor			
(114) Evaluates and supports a laboring mother during the first stage of labor by assessing a variety of factors			
(115) Knows a variety of treatments for anterior/swollen lip			
(116) Demonstrates the ability to evaluate and support a laboring mother during the second stage of labor			
<b>IV Demonstrates the ability to recognize and respond to labor and birth complications such as:</b>			
(117) Abnormal fetal heart tones and patterns			
(118) Cord prolapse			
(119) Uterine rupture			
(120) Shoulder dystocia			
(121) Perform an episiotomy if needed			
(122) Newborn resuscitation, respiratory distress, and suctioning in case of obstruction			
<b>IV Variations in presentation such as:</b>			
(123) Breech presentation			
(124) Nuchal hand, arm presentation			
(125) Nuchal cord presentation			
(126) Face and brow presentation			
(127) Multiple birth presentation and delivery			
(128) Shoulder dystocia			
(129) Management of meconium stained fluids			
(130) Management of maternal exhaustion			

**IV. Labor, Birth and Immediate Postpartum - Continued**

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
<b>IV Assesses the condition of, and provides care for the newborn immediately after the birth by:</b>			
(131) Making initial newborn assessment			
(132) Determining APGAR score			
(133) Monitoring respiratory and cardiac function			
(134) Responding appropriately to the need for newborn resuscitation			
(135) Clamping, cutting, and caring for the cord			
(136) Administering eye prophylaxis			
*(137a.) Performs a newborn examination			
*(137b.) 2nd Evaluation of this skill by 2nd Preceptor			
(138) Assesses general condition of mother and newborn by a variety of criteria			
<b>IV Assists in placental delivery and responds to blood loss by:</b>			
(139) Determining signs of placental separation			
(140) Facilitating the delivery of the placenta			
(141) After delivery, assessing the condition of the placenta			
(142) Supports expectant (physiologic) management of the 3rd stage of labor			
(143) Performs fundal massage to stimulate postpartum uterine contraction and uterine tone			
(144) Estimating the amount of blood loss			
(145) Responding to uterine bleeding with a range of treatments			
<b>IV Responding to postpartum hemorrhage with a range of treatments, including:</b>			
(146) Administration of medication			
(147) Administration of oxygen			
(148) Administration of intravenous fluids or appropriate referral for intravenous fluids			
(149) Treatment for shock			
(150) Manually removing placenta fragments and/or retained membranes with a sterile, gloved hand			
(151) Performs catheterization when needed			
(152) Assesses the need for, and conducts, active management of the third stage of labor, following the most current evidence-based protocol			
(153) Performs internal and external bimanual compression of the uterus to control hemorrhage			
(154) Performs aortic compression			

**IV. Labor, Birth and Immediate Postpartum - Continued**

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(155) Arranges for and undertakes timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion care giver on the journey, in order to continue giving emergency care as required			
<b>IV Repairs the perineum by:</b>			
(156) Administering a local anesthetic			
(157) Performing basic suturing			
(158) Provides instruction for care and treatment of the perineum			
<b>IV Facilitates breastfeeding by assisting and teaching about a variety of factors impacting breastfeeding, including:</b>			
(159) Adequate maternal nutrition			
(160) Maternal comfort measures for engorgement			
(161) Initiates and supports uninterrupted [immediate and exclusive] breastfeeding			
(162) Positions infant to initiate breast feeding as soon as possible (within one hour) after birth and supports exclusive breastfeeding			

**V. Postpartum**

(163) Performs postpartum reevaluation of mother and baby at appropriate intervals			
(164) Completes the birth certificate			
(165) Provides contraceptive education and counseling			
(166) Assesses for and treats jaundice			
(167) Provides direction for care of circumcised and uncircumcised penis			
*(168a.) Performs thorough and appropriate maternal postpartum check-up			
*(168b.) 2nd Evaluation of this skill by 2nd Preceptor			
(169) Knows treatments for sore nipples			
(170) Knows treatments for mastitis			
(171) Knows breastfeeding referral resources			
(172) Takes a selective history, including details of pregnancy, labor and birth			
(173) Performs a focused physical examination of the mother			
(174) Provides information and support for women and/or their families who are bereaved (maternal death, stillbirth, pregnancy loss, neonatal death, congenital abnormalities)			



**V. Postpartum - Continued**

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(175) Educates mother on care of herself following a loss of pregnancy, including rest and nutrition, normal process of involution, and how to identify complications such as hemorrhage			
(176) Assesses for uterine involution and healing of lacerations and/or repairs and educate on ways to promote healing			
(177) Provides postpartum care for the mother who gave birth by cesarean			
(178) Teaches mothers how to express breast milk, and how to handle and store expressed breast milk			
(179) Educates mother on care of self and infant after child-birth including signs and symptoms of impending complications, and community- based resources			
(180) Provides appropriate and timely first-line treatment for any complications detected during the postpartum examination (e.g., anemia, hematoma, maternal infection), and refer for further management as necessary			
(181) Provides emergency treatment of late post-partum hemorrhage, and refer if necessary			
(182) Provides education and guidance on exercise in the postpartum period, including Kegel exercises and abdominal muscle strengthening			
(183) Promotes and maintains normal newborn body temperature through covering (blanket, cap), environmental control, and promotion of skin- to-skin contact			
(184) Assesses and manages neonatal hypothermia and / or hypoglycemia			
(185) Gives appropriate care to the low birth weight baby, and arranges for referral if potentially serious complications arise, or very low birth weight			
(186) Performs a routine full-body newborn exam and refers for medical care with any abnormal findings			
(187) Perform a gestational age assessment			
(188) Provide routine care of the newborn, in accord with local guidelines and protocols including newborn screening, identification, and administration of vitamin K			
(189) Recognizes indications of need, stabilizes, and transfers the at-risk newborn to emergency care facility			
(190) Supports parents during transport/transfer of newborn or during times of separation from infant (e.g., NICU admission)			
(191) Educates parents about danger signs in the newborn and when to bring infant for care			
(192) Educates parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child			
(193) Assists parents to access community resources available to the family			
(194) Supports and educates parents who have given birth to multiple babies (e.g., twins, triplets) about special needs and community resources			

**VI. Well-Baby Care**

NARM Skills	Date Evaluated	Preceptor name	Preceptor signature
(195) Provides well-baby care 2-6 weeks			
(196) Assesses the general health and appearance of baby			
(197) Provides treatment for common newborn conditions such as cradle cap, diaper rash, thrush and colic			

**Checklist for Objective Assessment of Student's progress toward Skill Mastery**

Use this checklist when needing to assess student in weak areas. Preceptor may not sign off on MEAC Abbreviated NARM Skills checklist until student has achieved mastery of skills.  
Use this form to help you objectively assess competency.

Student name \_\_\_\_\_ Date \_\_\_\_\_

Skill being observed: \_\_\_\_\_

**Hand Skill and Knowledge: check only one**

- Cannot perform the skill even with prompting.
- Can perform the skill but needs prompting.
- Can perform the skill without prompting but cannot explain the rationale for the action or the theory behind it.
- Can perform the skill without prompting and can explain rationale for the action and the theory behind it.

**Attitude: mark only one**

- Does not have the appropriate attitude to perform this skill safely.
- Has the appropriate attitude to perform this skill safely.

**Recommendations: Check all that apply**

- Needs to study subject matter more. (Required books, websites)
- Needs to practice skill more in simulation.
- Needs to adjust attitude in the following ways. (List)
- Is ready to move on to practicing this skill on a client.
- Is ready to be checked off as having mastered this skill.

## MEAC-Accredited Programs and Institutions Continuity of Care Documentation for NARM Requirements

Student Name \_\_\_\_\_ Last 4 Digits of SSN# \_\_\_\_\_

For the individual client recorded on this form, the MEAC student provided care as the primary under supervision for the following: 5 complete prenatal exams spanning at least 2 trimesters, the birth (labor, birth, immediate postpartum exam, newborn exam), and 2 complete follow-up postpartum exams all as the primary under direct supervision. The preceptor must meet the minimum qualifications established by MEAC and must have been present in the room for all items the preceptor signs. Student and preceptor initials must be entered at or near the time of the clinical experience. The client's chart must contain evidence that the client authorized release of her records, with assurance that the records would not contain personal identity and corroborate all of the information provided below. Client charts must be made available when requested by the school or NARM to verify the student's educational experiences.

Client Code <sup>1</sup>		Student Initials	Preceptor Initials
Prenatal Exam 1 Date			
Gestational Week			
Prenatal Exam 2 Date			
Gestational Week			
Prenatal Exam 3 Date			
Gestational Week			
Prenatal Exam 4 Date			
Gestational Week			
Prenatal Exam 5 Date			
Gestational Week			
Birth Date and Time			
Birth Site <sup>2</sup>			
Notes regarding outcome, complications, transfers, etc.			
Preceptor Arrival Date and Time			
Preceptor Departure Date and Time			
Student Arrival Date and Time			
Student Departure Date and Time			
Explanatory note if preceptor did not arrive before and/or depart after the student			
Newborn Exam Date and Time			
Postpartum Exam 1 Date (must be 24 hours after the birth)			
Postpartum Exam 2 Date (must be 24 hours after the birth)			

<sup>1</sup> Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.

<sup>2</sup> Birth site: HM = Home; FBC = Freestanding Birth Center; HBC = Hospital Birthing Center; H = Hospital; O = Other (car, outside, etc.).

# MEAC-Accredited Programs and Institutions Continuity of Care Documentation for NARM Requirements

Student Name \_\_\_\_\_ Last 4 Digits of SSN# \_\_\_\_\_

Each supervising preceptor who initials this form must complete the following:

Preceptor Name (print legibly) \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Preceptor Initials \_\_\_\_\_

\*\*\*\*\*

Preceptor Name (print legibly) \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Preceptor Initials \_\_\_\_\_

\*\*\*\*\*

Preceptor Name (print legibly) \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Preceptor Initials \_\_\_\_\_

\*\*\*\*\*

Preceptor Name (print legibly) \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Preceptor Initials \_\_\_\_\_

\*\*\*\*\*

Preceptor Name (print legibly) \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Preceptor Initials \_\_\_\_\_

# Continuity of Care—Practical Experience Form 200

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

Applicants must keep the original client charts, copies, or best written documentation for all births. Two completed charts should be submitted with your application. Choose charts where there were different preceptors if applicable. NARM retains the right to request the additional charts. Charts should include **only** the prenatal record, labor flow and summary, newborn exam, and postpartums. Labs and other supplemental forms should not be submitted. Charts submitted to NARM must contain only the client code. Names, addresses, Social Security numbers, or phone numbers of the client must be removed before submission.

For each birth recorded below, the applicant must have provided at least: 5 prenatal visits spanning at least 2 trimesters, the birth, 1 newborn exam, and 2 postpartum exams as primary or Primary Under Supervision.

These births may also have been listed on other forms in this application such as Births as Primary Under Supervision Form 112a-e, Report of Clinical Experience Form 121 or Out-of-Hospital Birth Documentation Form 204.

Birth #	Client # or Code	# Prenatal visits	Birth Site <sup>1</sup>	Date of Birth	Newborn exam y/n?	# PP visits	Preceptor/Witness initials*	Outcome including actions, complications, transfers, etc.
1								
2								
3								
4								
5								

<sup>1</sup>Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.) If any births occurred in Out of Country (OOC) sites, please add "**OOC**" along with the Birth Site Code in the "Birth Site." You will also need to complete the Out of Country Births Form 230 available from NARM Applications. OOC births that occurred after June 1, 2014 are **not** accepted.

\***Preceptors must initial forms for Entry-Level and MEAC applicants.** Witnesses may initial the information for those applying through other categories.

Fill out the name, address, phone, signature and initials of each Preceptor/Witness\*. Attach a copy of this sheet if necessary.

#	Print Preceptor/Witness* Name, Address, Phone	Signature	Initials
1			
2			
3			

All applicants **must** submit the clinical portion of 2 charts for the Continuity of Care births listed on this form. NARM reserves the right to request the other 3 charts.

All applications, regardless of route of entry, are subject to audit.

# Out-of-Hospital Birth Documentation Form 204

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

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

This form must record 10 births, not including transports, the applicant attended in an out-of-hospital setting as primary midwife or Primary Under Supervision in the last 3 years. Unless coming through the MEAC route, all births on this form must be done in the U.S./Canada.

These births may also have been listed on other forms in this application such as Births as Primary Under Supervision Form 112a-e, Report of Clinical Experience Form 121 or Continuity of Care—Practical Experience Form 200.

**\* Preceptors must initial this form for MEAC, UK Registered Midwife, and Internationally Educated Midwife applicants.** Witnesses may initial the information for those applying through other categories.

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

<sup>1</sup>Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; If any births occurred in Out of Country (OOC) sites, please add "**OOC**" along with the Birth Site Code in the "Birth Site." You will also need to complete the Out of Country Births Form 230 available from NARM Applications. OOC births that occurred after June 1, 2014 are **not** accepted.

<sup>2</sup>Fill out the name, address, phone, signature and initials of each Preceptor/Witness. Attach a copy of this sheet if necessary.

Print Witness(es) Name, Address, Phone	E-Mail address	Witness Initials
1.		
2.		
3.		

All applications, regardless of route of entry, are subject to audit.

# Total Birth Experience Background Form 102

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

This form should include all births prior to, during, and after training. Clinical training must span at least 2 years prior to application submission for all types of applicants.

**All boxes must include a number or a zero.**

Attended births as an observer, Assistant Under Supervision, or primary from \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year).

	Home	Freestanding Birth Center	Hospital	Out of Country	Totals
Number Observed					
Number Assistant Under Supv.					
Number Primary Under Supv. <sup>1</sup>					
Number Primary/Co-Primary					
<b>Total all births attended including observed =</b>					

	Observed	As Assistant Under Supv.	As Primary Under Supv. <sup>1</sup>	As Primary/Co-Primary	Totals
Number Transports					
Number Fetal/Neonatal Deaths <sup>2</sup>					
Number Maternal Deaths <sup>2</sup>					

<sup>1</sup>“Primary Under Supervision” means the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice’s performance of skills and decision making.

<sup>2</sup>On a separate sheet of paper, please list the cause and a brief description.



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# Document Verification Form 205b to be filled out by the Applicant

Applicant's Name: \_\_\_\_\_ Last four digits Social Security #: \_\_\_\_\_

I, \_\_\_\_\_, do hereby affirm that I have developed and I do utilize in my practice the following documents:

- practice guidelines;
- an emergency care form;
- informed disclosure (given at initiation of care); and
- informed consent documents used for shared decision making during care.

Further, I have shown these documents to the notary whose signature is below.

\_\_\_\_\_  
Print applicant's name

\_\_\_\_\_  
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: \_\_\_\_\_