

Entry-Level Midwife, Forms 111 Instructions Advancement of Midwifery Skills and Decision- making Towards being a Primary Midwife Phase 2, Assistant Under Supervision

- ✓ Confirm that all preceptors are current NARM Registered Preceptors. Skills/clinicals signed off by a preceptor who is not registered with NARM will be invalid.
- ✓ Incomplete applications or applications that are not legible will not be reviewed.
- ✓ Make a copy of all completed NARM Application Forms.
- ✓ Use only official NARM Forms for all materials submitted (including reference letters). Do not make up forms.
- ✓ All supportive documentation (licenses, diplomas, certificates, transcripts, etc.) must be translated into English with a notarized copy of the original and the translation. The notary must be fluent in both languages.
- ✓ **Each** Preceptor who initialed a birth listed on Births as Assistant Under Supervision Form 111a-d, must be listed on **List of Registered Preceptors for Birth Experience Form 111f** and must individually fill out a copy of **Verification of Birth Experience Form 111g**.
- ✓ Forms 111a-d must document the following minimum requirements: (The applicant must fill in each space or cross through it for each birth or procedure before the Registered Preceptor signs.) ALL births and clinicals must be listed on the original form. Functioning in the role of assistant midwife under supervision, the applicant must attend a minimum of:
 - A. 20 births **documented on Form 111a**
 - B. 25 prenatal exams (including at least three initial prenatal exams) **documented on Form 111b**
 - C. 20 newborn exams (within 12 hours of birth) **documented on Form 111c**
 - D. 10 postpartum exams (must occur over 24 hours after birth and within 6 weeks) **documented on Form 111d**

In order to ensure that all of your births are counted. NARM highly recommends that Phase 2 Forms 111a-d be submitted prior to beginning Phase 3 clinicals. Because all Phase 3 births must occur **after** Phase 2 births, if Phase 2 forms are sent back for corrections, any Phase 3 clinicals will not be guaranteed acceptance if additional Phase 2 clinicals are required.

Definition—Assistant Under Supervision: A student midwife who is being taught to perform the skills of a midwife through hands-on clinical experience in gradually increasing degrees of responsibility. Attending births in the capacity of a professional birth assistant is a distinct role and does not qualify as an Assistant Under Supervision for purposes of Phase 2. Documentation of Phase 2 births, prenatal, postpartum, etc., should be signed only if the preceptor agrees that the expectations of advancing skills and responsibility have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

Advancement of Midwifery Skills and Decision-making Towards being a Primary Midwife; Births as Assistant Under Supervision Form 111a - Phase 2

Applicant's Name: _____ Last four digits of Social Security #: _____

Email address: _____ Phone: _____

Carefully read instructions for filling out this form. List these births in chronological order. Only Assistant under Supervision clinicals should be listed below. Primary clinicals should be listed on Forms 112a-e.

Note to the Preceptor: Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Birth #	Client # or Code	Prenatals		Birth Site ¹ *	Date of Birth	New-born Exam y/n?	# PP Visits	Transport y/n? ²	Preceptor Initials	Assist skills demonstrated by student: (³ skill level must increase during the assist phase)
		Initial y/n?	# Visits							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Totals:										
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¹Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.)

²No more than four transports allowed on this form.

³It is up to the preceptor to determine if more assists are necessary, but only 20 will be documented on this form noting increasing responsibilities in the comment section.

Prenatal Exams as Assistant Under Supervision Form 111b - Phase 2

Applicant's Name: _____ Last four digits of Social Security #: _____

This form must document a total of 25 Prenatal Exams including at least three Initial Prenatal Exams.

Carefully read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

Note to the Preceptor: Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Prenatal Exam	Initial Prenatal Exam y/n?	Preceptor Initials	Skills Demonstrated during Prenatal Exam
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					

Newborn Exams as Assistant Under Supervision Form 111c - Phase 2

Applicant's Name: _____ Last four digits of Social Security #: _____

This form must document a total of 20 Newborn Exams within 12 hours of the birth.

Carefully read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

"Client # or Code" must be the same for client *and* newborn.

Note to the Preceptor: Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Newborn Exam	Preceptor Initials	Skills Demonstrated during Newborn Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Postpartum Exams as Assistant Under Supervision Form 111d - Phase 2

Applicant's Name: _____ Last four digits of Social Security #: _____

This form must document a total of ten postpartum exams done 24 hours after the birth to six weeks postpartum.

Carefully read instructions for filling out this form and what it must document, and list these exams in chronological order. Only Phase 2 clinicals should be listed on this Form.

Note to the Preceptor: Every space for each clinical must be completed before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials	Skills Demonstrated during Postpartum Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Summary of all Procedures Form 111e as Assistant Under Supervision - Phase 2

Applicant's Name: _____ Last four digits of Social Security #: _____

Email address: _____ Phone: _____

I, _____, affirm that I attended as an Assistant Under Supervision:

20 births

25 prenatal exams (including at least three initial prenatal exams)

20 newborn exams

10 postpartum exams

I also affirm that all of the information I have recorded in the "Births as Assistant Under Supervision Form 111a-d is true and correct to the best of my ability.

Applicant's Signature: _____

Date: _____

List of Registered Preceptors for Birth Experience Form 111f - Phase 2

Applicant's Name: _____ Last four digits of Social Security #: _____

Please make certain all preceptors are NARM Registered Preceptors and meet the qualifications as described in the instructions section "NARM Policy Statement on Preceptor/Student Relationships."

Below, print the name, address and phone of each Preceptor who initialed a birth or clinical listed on Assistant Under Supervision Forms 111a-d.

Print name, address and phone number of each Preceptor	Preceptor Initials
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Verification of Birth Experience Form 111g - Phase 2

To be filled out by the preceptor

Applicant's Name: _____ Last four digits of Social Security #: _____

Applicant's email address: _____ Phone: _____

Preceptor Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

I, _____, affirm that the applicant, _____, was acting as **Assistant Under Supervision**.

I affirm that I am a **primary midwife** who was responsible for the prenatal, intrapartum, postpartum and/or newborn care initiated on Births as Assistant Under Supervision Forms 111a-d and that I was physically present in the same room in a supervisory capacity during that care in which this applicant acted as **Assistant Under Supervision**. I understand if I sign off on **any** experiences I did not physically witness, I risk losing the ability to sign as a preceptor in the future and also risk losing my NARM certification.

I understand that the NARM Applications Department may request specific charts for audit purposes.

I affirm that I have read and understand the current CIB, definitions, NARM Policy Statement on Preceptor/Student Relationships, the Step-by-Step Guidelines for Preceptors, and all related directions in the application.

I affirm I supervised and was in the room for the following procedures that I have signed off on Form 111 in which this applicant acted as Assistant Under Supervision:

Number of births (111a): _____ Number of initial prenatal exams (111b): _____

Number of prenatal exams (111b): _____ Number of newborn exams (111c): _____

Number of postpartum exams (111d): _____

By checking this box, I affirm I was a NARM Registered Preceptor at the time of verifying the skill and/or clinical.

Preceptors for International Births (for clinicals prior to June 1, 2014):

I have received approval to serve as a preceptor (for skills and clinicals received in out of country sites **only**) from the NARM Board and am including a copy of the letter.

Preceptor's Signature: _____

Preceptor's Initials: _____ Date: _____