

Documentation of Clinical Requirements For NARM Certified Midwives

Applicant Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Applicant must keep copies of the client charts for all births. The original client charts shall be kept by the supervisor. This form must record all entry-level experience requirements.

¹ Supervisor signature - A detailed letter from the supervisor including the clinical experience obtained for each birth may be submitted in the absence of the supervisor's signature on this form.

² Birth Site Codes: HM = Home FBC = Free - standing birth center H = Hospital
HBC = Hospital Birthing Center O = Other (car, outside, etc.)

Assisted Deliveries

Assisted Delivery #	Client # or Code	Birth Site or Code ²	Time and Date of Birth	Supervisor Signature ¹
21				
22				
23				
24				
25				

Primary Care Deliveries

Primary Care Delivery #	Client # or Code	Birth Site or Code ²	Time and Date of Birth	Supervisor Signature ¹
21				
22				
23				
24				
25				

Newborn Exams

Newborn Exam #	Client # or Code	Time and Date of Newborn Exam	Time and Date of Birth	Supervisor Signature ¹
21				
22				
23				
24				
25				

Prenatal Care

Prenatal Care #	Client # or Code	Date of Prenatal visit	Supervisor Signature ¹
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

Postnatal Exams

Postnatal Exam #	Client # or Code	Date of Postnatal Exam	Supervisor Signature ¹
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Postnatal Exams Continued

Postnatal Exam #	Client # or Code	Date of Postnatal Exam	Supervisor Signature ¹
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

Continuity of Care

Continuity of Care #	Client # or Code	Dates of Prenatal Visits Minimum of 4 visits	Date and Time of Birth	Date of Newborn Exam	Date of Postpartum exam Minimum of 1	Supervisor Signature ¹
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						