

NARM Exam Permission Packet

Students must be completely done with all NCM's ASM academic and clinical requirements before requesting permission to take the NARM Exam. *NCM highly recommends that the student requests an evaluation of her/his file and an updated student record in advance of requesting permission to take the NARM exam to ensure all completed coursework is correct and on file with the NCM office.*

Step 1-Applying to the COLLEGE for Permission:

Student completes & submits to the College, the three forms in this packet, including:

- NARM Exam Permission Request Form
- NARM Exam Results Information Release Form
- Permission to Test Form

Once NCM receives these, the student's file is carefully reviewed for completion. When the student's file is complete, NCM will contact NARM to let them know that the student has permission from the College to test. NCM will additionally provide NARM with the student's official transcript including proof of completion of NCM's Cultural Competency Course (MOD2-HON248G-Cultural Issues).

Step 2-Applying to NARM to take the Exam:

Student completes and submits the NARM Exam application to NARM. *These forms should be obtained directly from NARM and must be submitted back to NARM, not the College:* <http://narm.org/equivalency-applicants/meac-download-application-forms/>

NARM will communicate directly with the student to schedule the test time and location.

Tips for NARM Applications: NARM requires payment by either money orders or certified checks. *DO NOT* send personal checks. Does not use white-out on your forms or applications as NARM will not accept them. Please attach your photo to a piece of paper so it does not get lost. NARM forms 200 and 204 - each birth must be initialed as a signature on each individual entry by your preceptor. All entries must correspond to client chart entries. NARM form 200 must be accompanied by the MEAC Continuity of Care Documentation Forms for ONLY 2 of the 5 births listed on the form (**DO NOT SEND CLIENT CHARTS**)

Step 3-Notifying NCM of Passing the Exam:

Once the Student has passed the Exam, she/he asks NARM to send a verification letter to NCM (If the student is applying to a state for licensure, this verification may also need to be sent to the state-see the specific state application and requirements, as applicable). Please see Graduation in the NCM Handbook or online at: <http://midwiferycollege.org/Graduation.html>

Student Checklist: Where to send forms	Submit to NCM for Permission to take Exam	Submit to NARM for Exam Application	Submit to a State for Licensure Application
ASM Student Record with all Academic Grades and Completion Dates with Preceptor Verification signature & date	YES	n/a	n/a
NCM Student-Preceptor Evaluation Forms to cover all Academic and Clinical work submitted to NCM	YES	n/a	n/a
Completed NCM Clinical Forms and requirements on file with NCM (see form #12)	YES	n/a	n/a
NCM Clinical Form #12	YES	n/a	n/a
NARM Skills (MEAC Abbreviated Version)	YES	n/a	n/a
Letter for Practice Guidelines	YES	n/a	n/a
Copy of Informed Consent Form	YES	n/a	n/a
Copy of Emergency Transport Form	YES	n/a	n/a
NCM NARM Permission Packet - 3 Forms: 1. NARM Exam Permission Request Form 2. NARM Exam Results Information Release Form 3. Permission to Test Form	YES	n/a	n/a
NRP Certification (current)	YES	YES	n/a
CPR Certification (current)	YES	YES	n/a
NARM EXAM Application Checklist	n/a	YES	n/a
NARM General Application Form 100	n/a	YES	n/a
NARM Form 200 - Continuity of Care	YES	YES	n/a
MEAC Continuity of Care Documentation Form (for 2 of the 5 Continuities listed on NARM form 200)	n/a	YES	n/a
NARM Form 102	n/a	YES	n/a
NARM Form 204 - Out of Hospital Birth	YES	YES	n/a
NARM Form 205b	n/a	YES	n/a
Proof of Passing NARM Exam (student please request from NARM to be sent to NCM & your State Licensure Dept)	YES	n/a	YES
Copy of CPM Certification	YES	n/a	YES
Official Sealed Transcript (student please request from NCM to be sent to NARM & State Licensure Dept)	n/a	YES	YES
Forms specific to State Licensure Application	n/a	n/a	YES
Other items specific to state licensure application	n/a	n/a	YES

Form #1: NARM Exam Permission Request

Please complete your NARM Exam Permission Request Packet and return it to NCM

- ☐ Page 2: (NARM Exam Permission Request Form (this form))
- ☐ Page 3: (NARM Exam Results Information Release Form)
- ☐ Page 4: (NARM Exam Permission letter)
- ☐ Completed Student Record, signed and dated by preceptor
- ☐ Completion of all skills in the Practical Skills Guide for Midwifery by Weaver and Evans

Student Name (as you would like it to appear on your diploma): _____

Address (where you would like your diploma sent): _____

City: _____ State: _____ Zip: _____

Email: _____

I am applying for permission to take the NARM Exam. I request that NCM issue a "Permission to Test" letter to NARM. I understand that in order for NCM grant me permission to take the NARM exam, my completed NCM ASM coursework and my NARM Exam Permission Request Packet must be on file with NCM on or before the deadline below.

- ☐ February 1st
- ☐ May 1st
- ☐ September 1st

I understand that if NCM receives my coursework or permission forms after the deadline, that I may not be granted permission to take my chosen exam.

I understand that the NCM ASM program includes the following, and that all are on file with NCM (Please review your updated student record to ensure NCM has received all of the following):

- ☐ **ASM Student Record:** all Academic Grades & Dates with Preceptor Verification signature & date.
- ☐ **Student-Preceptor Evaluations:** From each preceptor, for every trimester you worked together.
- ☐ **Academic Requirements:** 80 Academic Credits (California: 84 Academic Credits)
- ☐ **Clinical Requirements:** To be completed over a time period of *not less than* two years: 10 Births as Observer, 20 Births as Assistant, 25 Prenatal Exams as Assistant, including 3 Initial Prenatal Exams, 20 Newborn Exams as Assistant, 10 Postpartum Exams as Assistant, 30 Well Woman/Family Planning Exams as Primary Midwife, 20 Initial Prenatal Visits as Primary Midwife, 55 Prenatal Visits as Primary Midwife, 25 Deliveries of Newborn & Placenta as Primary Midwife, 20 Newborn Exams Primary Midwife, 40 Postpartum Mother & Baby Exams Primary Midwife, 5 NARM Continuities of Care, 10 NARM Out of Hospital Births. Total 32.88 Clinical Credits.
- ☐ **NARM Skills:** Completed all NARM Skills, including the MEAC Abbreviated NARM skills form.
- ☐ **CPR and NRP:** Copies of these certifications must be on file.
- ☐ **Practice Guidelines:** A letter from you to the college telling us which state's practice guidelines you follow.
- ☐ **Emergency Transport/Transfer Form**
- ☐ **Informed Consent Form**

_____ I will be applying to NARM for my CPM, please send permission for me to take the Exam with a copy of my transcript and proof of completion of the Cultural Issues/Cultural Competency course to NARM

_____ I will be taking a State/Country licensing exam: State/Country: _____ Exam Date: _____

It is the student's responsibility to notify NCM, provide instructions and necessary forms for any special requirements that the student would like NCM to provide to their chosen exam, certification, or licensing organization.

Student Signature: _____ Date: _____

I have reviewed and signed the student's final transcript and have confirmed that the student has completed all NARM skills, including completion of the skills as outlined in *Practical Skills Guide for Midwifery* by Weaver and Evans.

Preceptor Signature: _____ Date: _____

Form #2: NARM Exam Results Information Release Form



National College of Midwifery

1041 Reed St, Suite C, Taos, NM 87571

Tel: (575) 758-8914

info@midwiferycollege.org

NARM Applications Department

Attn: Testing

P.O. Box 420

Summer town, TN 38483

Phone: 1-931-964-4234; Fax: 931-964-4204

sarah@narm.org and or Applications2@narm.org

I, _____, give permission
(Print Name)

to NARM to release my NARM test results, application details, and/or CPM status to the National College of Midwifery.

Please send information to:

National College of Midwifery

1041 Reed St, Suite C

Taos, NM 87571

info@midwiferycollege.edu

Signature of MEAC student: _____

Date: _____

Signature of Witness: _____

Date: _____

Form #3: Permission to Test**National College of Midwifery**

1041 Reed St, Suite C, Taos, NM 87571

Tel: (575) 758-8914

info@midwiferycollege.org

NARM Applications
PO Box 420
Summertown, TN 38483

Candidate's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Name of school: National College of Midwifery
 Expected date of graduation: ☐ March 15th ☐ July 15th ☐ November 15th

The above student has completed the requirements of the National College of Midwifery and has permission of the director of the school to apply to take the NARM Written Examination.

The student has completed all required clinical skills for CPM certification, UNDER DIRECT SUPERVISION OF AN APPROVED PRECEPTOR, including:

- 10 births as an observer
- 20 births as an assistant
- 25 prenatal exams, including 3 initial exams, as an assistant
- 20 newborn exams as an assistant
- 10 postpartum exams as an assistant
- 20 births as a primary midwife
- 75 prenatal exams, including 20 initial exams, as a primary
- 20 newborn exams as a primary
- 40 postpartum exams as a primary
- At least 10 of the required primary births have been in out-of-hospital settings, and continuity of care (five or more prenatal visits spanning two trimesters, birth, newborn exam, and two postpartum visits) has been provided for at least five clients.
- The student has or will have successfully completed an additional 5 births as a primary under direct supervision of an approved preceptor.
- The student has successfully performed all of the skills on the NARM Skills Checklist, with a second signature on skills as specified by MEAC. Documentation of these skills will be kept in school records.
- The student has successfully completed a course or module on cultural competency.
- The student has also developed practice guidelines, informed consent, and an emergency care plan.

Candidate's Signature: _____ Date: _____

Signature of NCM Official: _____ Date: _____

Anna Khamsamran

Please complete and return forms to National College of Midwifery, 1041 Reed St, Suite C, Taos, NM 87571