

NARM Exam Permission Request Packet

*ASM Students: At the end of your ASM program you will need to sit the **NARM Exam** or **your state/country-licensing exam**. Once the college has received your passing NARM results or license, it will issue your ASM diploma. It is up to the individual student to arrange for and to pay for her/his exams/licensure. Licensure requirements vary from state to state. It is vital for each student to research the laws and regulations regarding midwifery in their state of residence and practice and licensure.*

APPLYING TO TAKE THE NARM EXAM:

NARM Applications must be sent directly to NARM, not NCM. It is the student's responsibility to meet NARM deadlines. Contact NARM for updated application form (<http://narm.org/narm/equivalency-applicants/graduate-of-a-meac-accredited-program/>).

PERMISSION TO TAKE THE NARM EXAM:

In order to take the exam, you must obtain **permission** from National College of Midwifery. In order to apply for permission you must complete and submit the 3 attached forms to NCM.

ELIGIBILITY TO TAKE THE NARM EXAM:

You are eligible to apply to NCM for permission to take the NARM Exam when you have completed all portions of your program, and all ASM academic and clinical coursework is on file with NCM. NCM highly recommends that you request an evaluation of your file and an updated student record in advance of requesting permission to take the NARM exam to ensure all your completed coursework has been received by NCM.

DEADLINES TO REQUEST NCM PERMISSION TO TAKE THE NARM EXAM:

NARM Exam	Deadline (date of receipt by NCM*)
February 2012	November 15, 2011
August 2012	May 15, 2012
October 2012	July 15, 2012

*The Deadline is the day that your request arrives in NCM's office, NOT the day it was postmarked. Please send items early to ensure they arrive in NCM's office by the deadline above!

Graduation

We will issue your ASM diploma after the following:

- ❖ Once all coursework is complete.
- ❖ We have documentation that you passed your exam
- ❖ All outstanding fees to The National College of Midwifery are paid
- ❖ All library books and videos are returned
- ❖ *At this time, if you request it, we will also issue a final student transcript to NARM.*

Please note (you must apply to the college for Permission to test, but you must send your Exam Application directly to NARM):

- ❖ NARM requires payment by either money orders or certified checks. DO NOT send personal checks.
- ❖ Do not use white-out
- ❖ When you send your photo, please attach it 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. Please note: We have confirmation in writing from NARM that NCM students may use older NARM forms 200 and 204 as long as these forms contain the same information that the newest forms ask for.
- ❖ Please send your Continuity of Care Charts with Form 200 to NARM and not NCM.

National College of Midwifery NARM Exam Permission Request Form

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

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. I have checked-off the NARM Exam I plan to take:

- February NARM Exam **Deadline: November 15**
- August NARM Exam **Deadline: May 15**
- October NARM Exam **Deadline: July 15**

_____ 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):

(Check off)

- Academic Requirements:** 80 Academic Credits (California: 84 Academic Credits)
- Clinical Requirements:** To be completed over a time period of *not less than* one year: 30 Well Woman/Family Planning Exams, 20 Initial Prenatal Visits, 55 Prenatals, 20 Labor Assists, 20 Deliveries of Newborn & Placenta as Primary, 20 Newborn Exams, 40 Postpartum Mother & Baby Exams, 3 NARM Continuities of Care, 10 NARM Out of Hospital Births. Total 27.75 Clinical Credits.
- NARM Skills:** Completed MEAC Abbreviated NARM Skills Form with all skills dated and signed. *Several of the skills require the signature of two preceptors.*
- CPR and NRP:** Copies of these certifications must be on file.
- Evaluations:** An evaluation from each preceptor, for every trimester you worked together.
- Practice Guidelines:** A brief summary of your Practice Guidelines including a copy of your Emergency Transfer Plan and Informed Consent forms.
- Student Record:** your completed student record is signed and dated by your preceptor and must be on file with NCM or submitted with this request form.

_____ I will be applying to NARM for my CPM, please send a copy of my transcript 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: _____



National College of Midwifery 209 State Road 240, Taos, NM 87571
Tel: (575) 613-4515 Fax: (575) 758-0302
Email: info@midwiferycollege.org Website: www.midwiferycollege.org

NARM Exam Results Information Release Form

NARM Test Department
P.O. Box 7703
Little Rock, AR 72217-7703
1-888-353-7089
testing@narm.org

I, (print) _____, give permission to NARM to release my NARM test results, application details, and/or CPM status to the National College of Midwifery.

Please send exam information to:

National College of Midwifery
209 State Road 240
Taos, NM 87571

Signature of MEAC student: _____ Date: _____

Signature of Witness: _____ Date: _____



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Tel: (575) 613-4515 Fax: (575) 758-0302
Email: info@midwiferycollege.org Website: www.midwiferycollege.org

Date: _____

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 (Date of NARM Exam): _____

The above student is currently enrolled in this school, is in the final semester of studies, is expected to graduate within six months of the application deadline, and has the 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, including, UNDER DIRECT SUPERVISION OF AN APPROVED PRECEPTOR:

- 20 births as an active participant
- 20 births as a primary midwife
- 75 prenatal exams, including 20 initial exams
- 20 newborn exams
- 40 postpartum exams

At least 10 of the required primary births have been in out-of-hospital settings, and continuity of care (four or more prenatal visits, birth, newborn exam, and one postpartum visit) has been provided for at least three clients.

The student has successfully performed all of the skills on the NARM Skills Checklist. A second signature of verification has been obtained for specific skills as designated by the school. These skills have been verified by the school, and documentation of these skills is kept in the school records.

The student has also developed practice guidelines, informed consent, and an emergency care form.

Candidate's Signature: _____ Date : _____

Signature of Registrar: _____ Date : _____

Lisa A. Brown