

**NARM
General
Application
Form 100**

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The application must be filled out completely in English in black ink or typed.

First Name: _____ Last Name: _____ Middle Initial: _____

Please **carefully** print your legal name above as you want it to appear on your CPM certificate.

Any other names listed on supporting documents: _____

Residential address: _____ City: _____

Province/State: _____ Zip Code: _____ Country: _____

Mailing Address: _____ City: _____

Complete only if different from residential address.

Province/State: _____ Zip Code: _____ Country: _____

Last four digits of Social Security #: _____ Date of Birth: _____

Primary phone: _____ Secondary phone: _____

Fax: _____ E-mail: _____

Primary Language: _____ Other Languages: _____

Gender— Female Male

Do you have any special test-taking needs? Yes No

If yes, please submit the required documentation with this application and also to the NARM Testing Department at testing@narm.org. Documentation must include a letter of special request and documentation from a professional educational or psychological evaluator describing the disability and type of accommodation needed.

Check one or more to indicate what you consider yourself to be (For demographic use only):

Racial/Ethnic Origin:

Religion:

White or Caucasian

Christian

Black or African American

Hindu

Hispanic or Latino

Jewish

Filipino

Buddhist

Chinese

Muslim

Japanese

Atheist

Korean

Other: _____

Vietnamese

Asian Indian

American Indian, Alaska Native, or Hawaiian,

Name of enrolled or principle tribe: _____

Other: _____

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

Affirmation of Honest Intent of Representation:

I, _____, in applying for North American Registry of Midwives (NARM) Certification, do hereby acknowledge that honesty in relationship to the clients I serve is of utmost importance. I affirm that I, to the best of my ability and professional integrity, will always represent my practice, knowledge, skills, experience and expertise honestly and fairly.

I, _____, affirm I have read the Candidate Information Booklet (CIB).

I, _____, affirm I have read and understand the NARM Policy Statement on Preceptor/Student Relationships instructions in this application.

I, _____, agree to participate in the complaint review process/grievance mechanism outlined in the *Candidate Information Booklet* (CIB) if a complaint is filed against me.

I, _____, hold the North American Registry of Midwives (NARM) Board free from any damage or complaint by reason of any action that they take in connection with grades given with respect to any examination, or the failure of said Board to issue me such certification. I understand that NARM reserves the authority to reject applications and to establish and maintain the standards for certification.

I, _____, declare and affirm that the statements made in this application, including accompanying statements and documents, are true, complete and correct. I understand that any false or misleading information in connection with my application may be cause for denial or loss of certification.

Print Applicant's Name

Applicant's Signature

Date