



CPM+ Bridging Documents

02/03/2013

Applicant Name _____

MAWS CPM+ Forms

Instructions and Checklist

These forms have been created by MAWS to offer support to those applicants who have come from educational routes other than state-approved schools.

These forms do not guarantee your application will be approved. These are not official state documents, but only supportive forms to assist in clarifying completion of state requirements, using the NARM's CPM credential as the baseline.

Use this as a cover letter, attaching it to your application.

The forms should be completed legibly in black or blue ink, or typed. Please make copies of all of these forms to keep for your records and send the original forms to the state. Copies of the already submitted original NARM CPM forms will be accepted if all forms are filled in, and a copy is attached to show the signature, initial, and contact information of the supervising midwife (or mother for observed births).

If you already have already submitted your application and have been awaiting credential approval, we advise you to find your most recent communication from the state, which should have specified the deficiencies in your application. Then, send a new letter to the state addressing the deficiency and attaching these documents to aid in processing.

If you have not received a communication from the state regarding deficiencies in your application, submit these documents to the state, along with a letter reminding them of your application.

**Fill out the WA state Department of Health Midwifery License Application Packet.
Submit the following CPM Plus Bridging documents in addition to the application packet.**

- Complete FORM A1 “Completion of Current CPM Credential.” Attach a copy of your current CPM certificate. Also, have official documentation sent directly from NARM.
- Complete FORM A2 “Completion of CPM Plus Bridging Classes” and submit official transcripts of classes directly from the institution. Courses must be taken from an accredited school.
- Complete FORM A3 “Attestation of Familiarity with State Midwifery Law & History.”
- Complete FORM A4 “Enema Clinical Skill Preceptor Sign-off Form.”
- Complete FORM A5 “Washington specific Review of Pharmacology – Preceptor Sign-off Form (WAC 246-834-140). THIS FORM MUST BE SIGNED BY A WASHINGTON LICENSED MIDWIFE.

Applicant Signature _____

Date _____

February 2013

Applicant Name _____

Washington state law requires 100 births in order to become licensed in this state: *From RCW 18.50.040 (c.) For a student midwife during training, undertaking the care of not less than 50 women in each of the prenatal, intrapartum, and early postpartum periods, but the same women need not be seen through all three periods. (d.) Observing an additional 50 women in the intrapartum period before the candidate qualifies for a license.*

FORMS A6, A7, A8, A9, A10 Clinical Experience Documentation provide applicants with documentation of attendance at required clinical experiences. The applicant’s preceptor for clinical care must be a licensed midwife in the state of Washington. If the applicant is documenting births from out of state or country, then the supervising midwife must be in compliance with the midwifery legalities and regulations of that state or country.

- Complete FORM A6 “Antepartum Care Documentation Form.” Each line must be initialed or copy of official NARM form showing initials can be attached.
- Complete FORM A7 “Observed Births Documentation Form.” These may include births in which the applicants acted as an Assistant or as Primary Midwife Under Supervision. For Observed Births the mother can sign off that you witnessed her birth, your role at the birth must be in compliance with that area’s laws.
- Complete FORM A8 “Prenatal Care Documentation Form.” Each line must be initialed or copy of official NARM form showing initials can be attached. The law states “not less than 50 women,” that means you must show prenatal visits for 50 *different* women.
- Complete FORM A9 “Postpartum Care Documentation Form.” Each line must be initialed or copy of official NARM form showing initials can be attached. The law states “not less than 50 women,” that means you must show postpartum visits for 50 *different* women.
- Complete FORM A10 “Preceptor Signature Documentation Form.” The supervising practitioner should be a Licensed Midwife, Certified Nurse Midwife, Certified Midwife, Registered Midwife or MD/DO. In US States and Territories where licensure is unavailable or voluntary the CPM credential alone is acceptable. Observed births only can be signed and initialed by the mother, your role at the birth must be in compliance with that area’s laws.

Current License and CPM Certificate details (number and expiration dates), contact details, full signature and initials must be provided for all supervising practitioners/clinical preceptors attesting to prenatal, birth, and postpartum contacts which are listed on the forms A6, A7, A8, A9, and A10. Signatures and initials are not required on this form only when the information is on official NARM form copies attached to the back of the CPM+ forms.

Applicant Name _____

FORM A1

Completion of Current Certified Professional Midwifery (CPM) Credential

Completion of CPM, please also;

- Include copy of certificate
- Have NARM send confirmation of credential

| Credential Number | Date Issued | Issued By | Credential |
|-------------------|-------------|--|-----------------------------------|
| | | North American Registry of Midwives | Certified Professional Midwife |

Applicant Signature _____

Date _____

Applicant Name _____

FORM A2

**CPM+ Bridging Program
Documentation for Required Midwifery Education
RCW 18.50.040 and WAC 246-834-140**

Completion of CPM Plus Bridging Classes

Documentation of completion of the following classes is required for licensure in Washington State for applicants participating in the CPM+ Bridging Program. Official transcripts must be sent directly from institution.

| | Date of completion | School (must be from an accredited school) | Course Code |
|---------------------|---------------------------|---|--------------------|
| Epidemiology | | | |
| OB Pharmacology | | | |
| Professional Issues | | | |

Applicant Signature _____

Date _____

Applicant Name _____

FORM A3

Attestation of Familiarity with State Midwifery Law & History

In addition to the CPM+ bridge class on Professional Issues/Medicolegal Aspects of Midwifery (**RCW 18.50.040**), applicants must also attest that they have read and understand the MAWS Orientation Manual in its completion, paying special attention to the section on the history of midwifery in Washington State (www.washingtonmidwives.org/document/OrientationManual-forLMs2011.pdf).

I read and understand the MAWS Orientation Manual:

Applicants Signature: _____ **Date:** _____

Support Program for Newly Licensed Midwives (Optional):

MAWS offers an informal mentorship available to newly licensed midwives or midwives new to the state of Washington.

I understand that I can access support in understanding how to set up and run a midwifery practice in the state of Washington.

This program allows the newly licensed midwife access to support from an experienced Licensed Midwife who can offer mentorship as they navigate setting up their practice during the first year.

Applicants Signature: _____ **Date:** _____

Applicant Name _____

FORM A4
Enema Clinical Skill Preceptor Sign-off Form
(WAC 246-834-140)

In addition to the clinical skills required by the CPM credential, applicants for midwifery licensure in the state of Washington are required to document that they have learned the clinical indications, uses and procedures for utilizing an enema appropriately in the intrapartum period.

Applicants are required to obtain a preceptor signature indicating they have learned this clinical skill. Preceptor must fill out form A10 with contact information.

Examiner's Signature: _____ Date: _____

Applicant Signature _____

Date _____

Applicant Name _____

FORM A5

Washington Specific Review of Pharmacology - Preceptor Sign-off Form (WAC 246-834-140)

In order to ensure that Challenge Process applicants have obtained sufficient education and training in the use of obstetric pharmacological agents (RCW 18.50.115, WAC 246-834-250) they must complete an accredited Obstetrical Pharmacology course and additionally obtain their preceptor’s signature certifying that the applicant knows the correct usage and administration of the following pharmacological agents and supplies:

| Pharmacological Agents | Preceptor Signature |
|---|----------------------------|
| Rho immune globulin (human) (RhoGAM) | |
| IV fluids (limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, Heparin, and .9% Sodium Chloride for use in IV locks) | |
| Sterile water for intradermal injections for pain relief | |
| Local anesthetic | |
| Antibiotics for intrapartum prophylaxis of Group Beta hemolytic Streptococcus (GBS) per current CDC guidelines | |
| Postpartum oxytocic | |
| Magnesium sulfate (for prevention of maternal seizures pending transport) | |
| Epinephrine (for use in maternal anaphylaxis pending transport) | |
| Terbutaline (for nonreassuring fetal heart tones and/or cord prolapse pending transport) | |
| Antihemorrhagic drugs to control postpartum hemorrhage, such as <ul style="list-style-type: none"> ● misoprostel per rectum (for use only in postpartum hemorrhage), ● oral/intramuscular methylergonovine maleate (in the absence of hypertension), ● intramuscular prostoglandin F2 alpha (hemobate) | |
| Measles, mumps and rubella (MMR) vaccine to non-immune postpartum women | |
| Newborn prophylactic ophthalmic medication | |
| Vitamin K | |
| HBIG and HBV (for neonates born to hepatitis B positive mother) | |

All applicants are **required** to obtain preceptor signatures indicating they have received adequate training and education in these areas. Preceptor must fill out form A10 with contact information.

Applicant Signature _____

Date _____

Applicant Name _____

FORM A6

Antepartum Care
WA RCW 18.50.040 (2c)

Applicant to Washington State Midwifery Requirements:

Provide evidence of active participant or primary midwife under supervision providing antepartum care for at least 50 women. Preceptor initials are required on this form, or on attached official NARM forms.

| | Date | Client ID# | Notes (including role at birth, weeks gestation, site of birth) | Initials of Supervising Practitioner | See Attached NARM form for initials? Y or N |
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Applicant Signature _____

Date _____

Applicant Name _____

FORM A7

Observed Births

WA RCW 18.50.040 (2c)

Applicant to Washington State Midwifery Requirements:

Provide evidence of observing an additional 50 births. These may include births attended in the capacity of active participant or primary midwife under supervision. Preceptor initials are required on this form, or on attached official NARM forms. Alternatively, the mother may initial and sign that you attended her birth as long as the role you served was within the laws of your area.

| | Date | Client ID# | Notes (including role at birth, weeks gestation, site of birth) | Initials of Supervising Practitioner | See Attached NARM form for initials? Y or N |
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Applicant Signature _____

Date _____

Applicant Name _____

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FORM A8

Prenatal Care

WA RCW 18.50.040 (2c)

Applicant to Washington State Midwifery Requirements:

Provide evidence of care as an active participant or primary midwife under supervision for at least 50 different women. Preceptor initials are required on this form, or on attached official NARM forms.

| | Date | Client ID# | Notes (active participant or primary) | Initials of Supervising Practitioner | See Attached NARM form for initials? Y or N |
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Applicant Signature _____

Date _____

Applicant Name _____

FORM A9

Postpartum Care

WA RCW 18.50.040 (2c)

Applicant to Washington State Midwifery Requirements:

Provide evidence of care as an active participant or primary midwife under supervision for at least 50 different women. Preceptor initials are required on this form, or on attached official NARM forms.

| | Date | Client ID# | Notes (active participant or primary) | Initials of Supervising Practitioner | See Attached NARM form for initials? Y or N |
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Applicant Signature _____

Date _____

Applicant Name _____

FORM A10
Clinical Experience Supervisor Contact Information

For observed births only, the mother may sign off that you attended her birth, as long as your role was in compliance with the area's laws. All other clinical experience must be signed off by a qualified clinical practitioner.

Attach additional pages if necessary.

Name of Clinical Experience Supervisor: _____

Title (Check all that apply):

LM (License # _____ Exp Date: _____)

CPM (CPM# _____ Exp Date: _____)

RM

CNM/CM

MD/DO

How do you know the applicant? _____

Address: _____

City: _____ State/Province: _____ Zip code: _____

Country: _____ Tel: _____

Signature of Supervising Practitioner/Clinical Preceptor: _____

Initials of Supervising Practitioner/Clinical Preceptor: _____ Date: _____

Name of Clinical Experience Supervisor: _____

Title (Check all that apply):

LM (License # _____ Exp Date: _____)

CPM (CPM# _____ Exp Date: _____)

RM

CNM/CM

MD/DO

How do you know the applicant? _____

Address: _____

City: _____ State/Province: _____ Zip code: _____

Country: _____ Tel: _____

Signature of Supervising Practitioner/Clinical Preceptor: _____

Initials of Supervising Practitioner/Clinical Preceptor: _____ Date: _____

Applicant Signature _____

Date _____