

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 4, 2018
ATTENTION: Members, Medical Board of California
SUBJECT: Recognition of Challenge Program: National Midwifery Institute
STAFF CONTACT: April Alameda, Chief, Licensing Program

REQUESTED ACTION:

After review and discussion, determine if National Midwifery Institute's (NMI) Challenge Program, satisfies the minimum requirements of Business and Professions Code (BPC) sections 2512.5 and 2513 (Attachment 1) and Title 16 of the California Code of Regulations (CCR) section 1379.30 (Attachment 2), and should be granted recognition pursuant to BPC section 2513.

BACKGROUND AND ANALYSIS:

Effective January 1, 2015, BPC section 2513(a) was amended to indicate that new licensees shall not substitute clinical experience for formal didactic education (refer to Attachment 1). BPC section 2513(a) specifically states:

An approved midwifery education program shall offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience. The applicant shall demonstrate, by practical examination, the clinical competencies described in Section 2514 or established by regulation pursuant to Section 2514.5. The midwifery education program's credit by examination policy shall be approved by the board, and shall be available to applicants upon request. The proficiency and practical examinations shall be approved by the board.

NMI's Challenge Program was previously approved in February 2006, prior to the change BPC section 2513. Therefore, prior to January 1, 2015, Board staff contacted NMI requesting documentation to verify whether the existing NMI Challenge Program complied with the new law. Since the Board did not receive information to verify that the NMI Challenge Program was compliant with changes to BPC section 2513, the Board removed approval of the NMI Challenge Program. In March 2017, NMI provided Board staff with an updated Challenge Program curriculum and a new method to evaluate a student's prior education (Attachment 3). NMI has provided the Board with a detailed report outlining the process for applicants to document and demonstrate their eligibility to participate in NMI's Challenge Examination in order to receive credit for their previous midwifery education. Board staff reviewed all materials and determined that the NMI Challenge Program meets the requirements pursuant to BPC section 2513.

PREVIOUS BOARD ACTION:

In September 2002, the Board approved NMI's three-year midwifery education program and in February 2006, the Board approved NMI's Challenge Program.

RECOMMENDATION

Board staff concludes that NMI's Challenge Program meets California's statutory requirements and recommends the Board approve NMI's Challenge Program.

ATTACHMENTS:

Attachment 1 – Business and Professions Code sections 2512.5 and 2513

Attachment 2 – California Code of Regulations, Title 16, section 1379.30

Attachment 3 – NMI Challenge Program Curriculum/Analysis

BUSINESS AND PROFESSIONS CODE**Section 2512.5. Qualifications**

A person is qualified for a license to practice midwifery when he or she satisfies one of the following requirements:

(a) (1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but not identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.

(2) The midwifery education program curriculum shall consist of not less than 84 semester units or 126 quarter units. The course of instruction shall be presented in semester or quarter units under the following formula:

(A) One hour of instruction in the theory each week throughout a semester or quarter equals one unit.

(B) Three hours of clinical practice each week throughout a semester or quarter equals one unit.

(3) The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in programs accredited by the American College of Nurse Midwives, which shall include, but not be limited to, preparation in all of the following areas:

(A) The art and science of midwifery, one-half of which shall be in theory and one-half of which shall be in clinical practice. Theory and clinical practice shall be concurrent in the areas of maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care.

(B) Communications skills that include the principles of oral, written, and group communications.

(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.

(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.

(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals.

(F) The following shall be integrated throughout the entire curriculum:

- (i) Midwifery process.
- (ii) Basic intervention skills in preventive, remedial, and supportive midwifery.
- (iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.
- (iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.
- (G) Instruction shall also be given in personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery.
- (H) The program shall include the midwifery management process, which shall include all of the following:
 - (i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.
 - (ii) Identifying problems based upon correct interpretation of the data base.
 - (iii) Preparing a defined needs or problem list, or both, with corroboration from the client.
 - (iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.
 - (v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.
 - (vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.
 - (vii) Assuming direct responsibility for implementing the plan of care.
 - (viii) Initiating appropriate measures for obstetrical and neonatal emergencies.
 - (ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.
- (b) Successful completion of an educational program that the board has determined satisfies the criteria of subdivision (a) and current licensure as a midwife by a state with licensing standards that have been found by the board to be equivalent to those adopted by the board pursuant to this article.

Section 2513. Education Program; Clinical Experience

- (a) An approved midwifery education program shall offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience. The applicant shall demonstrate, by practical examination, the clinical competencies described in Section 2514 or established by regulation pursuant to Section 2514.5. The midwifery education program's credit by examination policy shall be approved by the board, and shall be available to applicants upon request. The proficiency and practical examinations shall be approved by the board. Beginning January 1, 2015, new licensees shall not substitute clinical experience for formal didactic education.

(b) Completion of clinical experiences shall be verified by a licensed midwife or certified nurse-midwife, and a physician and surgeon, all of whom shall be current in the knowledge and practice of obstetrics and midwifery. Physicians and surgeons, licensed midwives, and certified nurse-midwives who participate in the verification and evaluation of an applicant's clinical experiences shall show evidence of current practice. The method used to verify clinical experiences shall be approved by the board.

(c) Upon successful completion of the requirements of paragraphs (1) and (2), the applicant shall also complete the licensing examination described in paragraph (1) of subdivision (a) of Section 2512.5.

Title 16. Professional and Vocational Regulations

§ 1379.30. Midwifery Education Program

The midwifery education program shall prepare the midwife to practice as follows:

- (a) Management of the normal pregnancy.
- (b) Management of normal labor and delivery in all birth settings, including the following, when indicated:
 - (1) Administration of intravenous fluids, analgesics, postpartum oxytocics, and RhoGAM.
 - (2) Amniotomy during labor.
 - (3) Application of external or internal monitoring devices.
 - (4) Administration of local anesthesia, paracervical blocks, pudendal blocks, and local infiltration.
 - (5) Episiotomy.
 - (6) Repair of episiotomies and lacerations.
 - (7) Resuscitation of the newborn.
- (c) Management of the normal postpartum period.
- (d) Management of the normal newborn care, including administration of vitamin K and eye prophylaxis.
- (e) Management of family planning and routine gynecological care including barrier methods of contraception such as diaphragms and cervical caps.

Note: Authority cited: Section 2514.5, Business and Professions Code. Reference: Sections 2512.5 and 2514.5, Business and Professions Code.

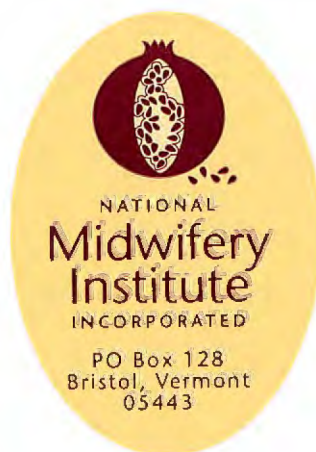
National Midwifery Institute, Inc.

Proposal to

Medical Board of California

for the

2017-Revised Midwifery Licensure Challenge Mechanism



Contents

page	2	Proposal Introduction and Outline
	4	Application Requirements
	5	CML-Challenge Program Completion Certificate sample
	6	CML-Challenge Program Academic Compilation Transcript sample and CML-Challenge Program Experience Compilation Transcript sample
	14	Applicant Information begins
	15	Step-by-Step Application Instructions for Midwife-Applicants
	21	Fee Structure
	22	Additional Costs and Academic Remediation Plan
	23	Academic Content for Gap Analysis Comparison
	26	Examination (qualification, format details)
	27	Construction of the NMI Challenge Program Examination
	28	Examination Scoring, Appeals, Retakes
	29	Experience Verification
	30	Documentation of Required Clinical Experience
	32	Experience Verification Audit Policy
	33	Applicant Forms section begins
	34	Forms Index and Contact information: NMI, NARM, MBC, WES <i>Forms:</i>
	35	<i>Initial Application and Intent to Apply Statement</i> - 7 page form
	41	<i>Midwife-Applicant NARM Records Release</i>
	42	<i>Verification of Midwifery Credential</i>
	43	<i>Academic Transcripts Have Been Requested</i>
	44	<i>Intention to Sit the NMI CML-Challenge Program Examination</i>
	45	<i>Academic Source Documents</i> -17 pages, use as needed
	63	<i>Gap Analysis Chart of Completed Academic Study</i> - 10 page form
	73	<i>Midwife Verifier Information</i>
	74	<i>Physician Verifier Information</i>
	75	<i>Midwife Verifier Agreement</i>
	76	<i>Licensed Midwife Verification of Applicant Experience</i>
	77	<i>Physician Verifier Agreement</i>
	78	<i>Physician Verification of Applicant Experience</i>
	79	<i>Experience Verification</i> forms - 15 identical pages for ease of printing
	94	World Education Services (WES) online details
	95	NACES online statement

Program Directors of National Midwifery Institute, Inc. propose the following challenge program for California midwifery licensure.

A midwife who intends to apply with NMI for the *California Midwifery Licensure Challenge Program* must qualify as a **Midwife-Applicant** by having previously completed a formally sanctioned midwifery credential.

In compliance with California laws governing the licensing of midwives (Business and Professions Code 2505-2521, and Title 16 Medical Board of California, Chapter 4, 1379), this proposal includes three distinct qualifications:

- Verification of specified formal didactic education;
- Verification of requirements for the currency of midwifery experience; and
- Verification of the minimum midwifery experience requirements.

National Midwifery Institute will issue an academic and clinical experience transcript and program completion certificate for each Midwife-Applicant who completes the requirements for the NMI California Midwifery Licensure Challenge Program.

Proposed Qualifications for the NMI California Midwifery Licensure Challenge Program:

1. Previous completion of a formally sanctioned midwifery credential:
 - a. State-issued credential allowing the practice of midwifery; **or**
 - b. National midwifery certification agency-issued credential (NARM-issued CPM/Certified Professional Midwife, or ACNM-issued CNM/Certified Nurse Midwife & CM/Certified Midwife); **or**
 - c. International government-sanctioned midwifery credential.
2. Fulfillment of midwifery didactic requirements:
 - a. National Midwifery Institute confirms completion of academic midwifery requirements consistent with California Midwifery Practice Act (B&P Code 2512.5 and 2513).
 - b. National Midwifery Institute administers a written examination to confirm the Midwife-Applicant's comprehension of core midwifery knowledge and licensing requirements for California midwives. (B&P Code 2513).
 - c. National Midwifery Institute issues a CML-Challenge Program academic compilation transcript of completed didactic requirements.
3. Verification of the currency of experience requirements (CA B&P Code 2513b and Title 16 1379.15):
 - a. All qualifying experience meets the currency definition of having occurred within ten years prior to the Midwife-Applicant's date of application to the NMI CML-Challenge Program.

- b. At least 50% of the qualifying experience meets the currency definition of having occurred within five years prior to the Midwife-Applicant's date of application to the NMI CML-Challenge Program.
 - c. All qualifying currency of experience is verified by a licensed physician and a licensed midwife (LM or CNM).
 - d. NMI issues a compilation transcript of clinical experience that confirms the verification of all currency requirements.
- 4. Fulfillment of minimum primary midwifery experience requirements (Title 16 1379.15c and B&P Code 2513b):
 - a. 20 new antepartum visits
 - 75 return antepartum visits
 - 20 labor management experiences
 - 20 deliveries
 - 20 newborn assessments
 - 40 postpartum visits within the first five days of birth
 - 40 postpartum/family planning/gynecology visits
 - b. All qualifying experience is verified by both a licensed physician and a licensed midwife (LM or CNM).
 - c. NMI issues a compilation transcript of clinical experience that itemizes completed, verified clinical experience in compliance with minimum primary midwifery experience requirements.

Application Requirements

1. Midwife-Applicant has previously completed a formally sanctioned midwifery credential: CPM, CNM, CM, state licensed midwife, Canadian RM, international midwifery credential or completion of a government sanctioned midwifery program.
2. Provide to NMI the forms **Initial Application** with **Intent to Apply Statement**, affirming previous completion of all CML-Challenge Program academic and clinical experience qualifications and readiness to complete documentation and remaining CML-Challenge Program requirements.
3. Provide transcripts that demonstrate fulfillment of academic midwifery requirements consistent with California Midwifery Practice Act:
 - a. Accredited Midwifery Programs transcripts provided to NMI (sent by issuing schools directly to NMI);
 - b. US college transcripts provided to NMI (sent by school directly to NMI);
 - c. International college transcripts are provided by applicant to World Education Services (WES) for course-by-course evaluation and transcript documentation; WES issues transcript documentation directly to NMI;
 - d. Midwifery programs outside of an accredited institution: transcripts of completed midwifery course work (sent by schools or instructors directly to NMI);
 - e. For midwifery courses completed outside of an organized program: in addition to transcript records, provide the issuing school's course descriptions of the midwifery courses that are listed on transcripts, or substitute the courses' learning objectives or letters from instructors detailing content sent directly to NMI.
4. Complete the NMI CML-Challenge form **Gap Analysis Chart of Academic Study** and use the **Gap Analysis List** to cross-reference the didactic requirements for midwifery licensing, as listed in the CA Midwifery Practice Act, with *Midwife Applicant's available academic transcripts and documentation*.
5. Complete the NMI CML-Challenge forms **Applicant's Experience for Verification** and arrange for two verifiers (one licensed physician and one licensed midwife or CNM) to cross-reference the Midwife-Applicant's midwifery care records and Midwife-Applicant's **Applicant's Experience for Verification** documentation forms and to verify with signed initials each experience on the forms, and confirm that the required California *currency of experience* is present in Midwife-Applicant's records, thereby confirming their witness of authenticity to the information presented in the forms, and *confirm by signature* that the required California *currency of experience* is present in the care records.
6. Successful completion of the NMI CML-Challenge Examination.

Midwife-Applicant completes the California licensing application requirements, including successful completion of the NARM Written Examination. (*Successful completion of NARM Written Examination* may have been included in the requirements for a previously completed formally sanctioned midwifery credential; California has not required retesting with NARM unless Midwife-Applicant tested with NARM prior to 1996.)

National Midwifery Institute

California Midwifery Licensure Challenge Program

CML-Challenge Program

certificate of completion

presented to

Midwife First-Name Last-Name

November 19, 2017

Co-Founder

Co-Founder, Administrator

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method
2512.5 3.A. <i>the art and science of midwifery:</i> maternal and child health in labor and delivery	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.A. <i>the art and science of midwifery:</i> neonatal well care	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.A. <i>the art and science of midwifery:</i> maternal and child health in postpartum care	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.B. communications skills that include the principles of oral, written, and group communications	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. anatomy and physiology	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. genetics	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method
2512.5 3.C. obstetrics and gynecology	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. embryology and fetal development	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. neonatology	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. applied microbiology	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. chemistry	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. child growth and development	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method
2512.5 3.C. pharmacology	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. nutrition	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. laboratory diagnostic tests and procedures	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.C. physical assessment	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.D. <i>concepts in psychosocial, emotional, and cultural aspects of maternal and child care</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.D. <i>concepts in human sexuality</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method
2512.5 3.D. <i>concepts in counseling and teaching</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.D. <i>concepts in maternal and infant and family bonding process</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.D. <i>concepts in breast feeding</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.D. <i>concepts in family planning</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.D. <i>principles of preventive health</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.D. <i>principles of community health</i>	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method
2512.5 3.E. aspects of the normal pregnancy in alternative birth centers, homes, and hospitals	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.E. aspects of the normal labor and delivery in alternative birth centers, homes, and hospitals	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.E. aspects of the normal postpartum period in alternative birth centers, homes, and hospitals	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.E. aspects of the normal newborn care in alternative birth centers, homes, and hospitals	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.E. aspects of family planning or routine gynecological care in alternative birth centers, homes, and hospitals	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.F.i. <i>integrated throughout curriculum:</i> midwifery process	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method
2512.5 3.F.ii. <i>integrated throughout curriculum:</i> basic intervention skills in preventive, remedial, and supportive midwifery	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.F.iii. <i>integrated throughout curriculum:</i> the knowledge and skills required to develop collegial relationships with health care providers from other disciplines	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.F.iv. <i>integrated throughout curriculum:</i> related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.G. personal hygiene	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.G. client abuse	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method
2512.5 3.G. cultural diversity	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.G. the legal, social, and ethical aspects of midwifery	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.i. <i>midwifery management process:</i> obtaining or updating a defined and relevant data base for assessment of the health status of the client	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.ii. <i>midwifery management process:</i> identifying problems based upon correct interpretation of the data base	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.iii. <i>midwifery management process:</i> preparing a defined needs or problem list, or both, with corroboration from the client	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.iv. <i>midwifery management process:</i> consulting, collaborating with, and referring to appropriate members of the health care team	options: academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

NMI California Midwifery Licensure Challenge Program
Academic Compilation Transcript for
Student's Name

Attachment 3

Midwifery Practice Act of California Academic Content	Verification Method	
2512.5 3.H.v. <i>midwifery management process:</i> providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health	options:	academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.vi. <i>midwifery management process:</i> assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client	options:	academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.vii. <i>midwifery management process:</i> assuming direct responsibility for implementing the plan of care	options:	academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.viii. <i>midwifery management process:</i> initiating appropriate measures for obstetrical and neonatal emergencies	options:	academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam
2512.5 3.H.ix. <i>midwifery management process:</i> evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately	options:	academic course title listed on transcript academic content within course is confirmed course challenged by NMI exam

Options of verification methods documented: academic course listed on transcript, or specific academic content within a course was confirmed, or academic content of course was challenged by exam.

□

National Midwifery Institute, Inc.
California Midwifery Licensure Challenge Program

Experience Compilation Transcript for

Student's Name

Midwifery Experience

Experience Verified by Licensed Physician and Licensed Midwife/or CNM:

20 labor management experiences, including births

Experience as primary midwife:

20 births as primary midwife

20 initial antepartum visits

75 return antepartum visits

20 newborn exams

40 postpartum exams, within the first five days of birth

40 postpartum and or family planning and or gynecological visits

All verified experience was completed within ten years of CML-Challenge Program application; at least 50% of verified experience occurred within five years of application date.

Date of NMI Challenge application ____/____/____

Date NMI Challenge was completed ____/____/____

_____ NMI Administrator

_____ date of transcript

Applicant Information

Contents

page	15	Step-by-Step Application Instructions for Midwife-Applicants
	21	Fee Structure
	22	Additional Costs and Academic Remediation Plan
	23	Academic Content for Gap Analysis Comparison
	26	Examination (qualification, format details)
	27	Construction of the NMI Challenge Program Examination
	28	Examination Scoring, Appeals, Retakes
	29	Experience Verification
	30	Documentation of Required Clinical Experience
	32	Experience Verification Audit Policy

Step-by-Step Application Instructions for Midwife-Applicants

1. a. Provide to NMI the completed *California Midwifery Licensure Challenge Program* forms **Initial Application** with **Intent to Apply Statement**, and \$500 fee.

The *CML-Challenge Program Initial Application* form requires the Midwife-Applicant to:

- ▶ Commit to their **Intent to Apply Statement**
- ▶ Affirm previously completed midwifery credential.
- ▶ List completed midwifery studies and schools attended.
- ▶ Affirm understanding of the requirements and NMI *gap analysis* process for evaluation of Midwife-Applicant's completed academic study.
- ▶ Affirm completion of required midwifery experience.
- ▶ Affirm availability of midwifery experience documentation.
- ▶ Affirm currency of midwifery experience:
All qualifying experience is within 10 years of application date and
At least 50% of experience is within 5 years of application date.
- ▶ Affirm understanding of the requirements and process for verification of Midwife-Applicant's experience.
- ▶ Affirm understanding of and agreement to the terms of the CML-Challenge Program fee schedule, retesting fees, application requirements, testing/retesting and refund policies.

- b. NMI Advisor confirms receipt of **Initial Application** with **Intent to Apply Statement**, and \$500 fee, and discusses next steps with Midwife-Applicant.

2. a. Provide to NMI the completed *CML-Challenge Program* form **Verification of Midwifery Credential** and \$500 fee.

The *CML-Challenge Program form Verification of Midwifery Credential* documents the Midwife-Applicant's previous midwifery credential, and by completing the form:

- ▶ Midwife-Applicant affirms that the request has been made for formal notification from the issuing agency to be sent to NMI: NMI CML-Challenge, PO Box 128, Bristol, Vermont, USA 05443;

OR

- ▶ Midwife-Applicant confirms online access to verification of the credential and provides instructions to NMI for accessing a public database for confirmation of midwifery credential;

OR

- ▶ **International midwifery credentials require an additional step and expense:** Midwife-Applicant contacts *World Education Services (WES)* to request their services to provide NMI with *Course-By-Course* and *Document-By-Document* reports.

Based on documentation provided by Midwife-Applicant to WES, WES issues credential documentation (which also provides a U.S. equivalency for each credential) to NMI. WES fees as of 1/2017 range \$160-\$205.

- b. NMI confirms receipt of *CML-Challenge form Verification of Midwifery Credential*, and \$500 fee.
 - c. Upon receipt of transcripts or WES documents, NMI Advisor confirms receipt with Midwife-Applicant and discusses next steps.
3. Documentation of the NMI *CML-Challenge Program* midwifery academic requirements is accomplished through cross-referencing educational requirements listed in *CA Midwifery Practice Act* with the Midwife-Applicant's ***Academic Source Documents***. Multiple tasks contribute to completion of the NMI forms *CML-Challenge Program Academic Source Documents* and ***Gap Analysis Chart of Completed Academic Study***.
- a. Midwife-Applicant requests original academic transcripts to be sent directly from their issuing source to NMI:
NMI CML-Challenge, PO Box 128, Bristol, Vermont, USA 05443;
▶ ***International midwifery academic transcripts require an additional step and expense:*** Midwife-Applicant contacts *World Education Services (WES)* to request their services to provide NMI with *Course-By-Course* and *Document-By-Document* reports. Based on documentation provided by Midwife-Applicant to WES, WES issues transcript documentation directly to NMI. WES fees as of 1/2017 range \$160-\$205.
 - b. Midwife-Applicant provides to NMI the *CML-Challenge Program form Academic Transcripts Have Been Requested*, and \$500 fee to NMI.
 - c. NMI Advisor confirms receipt of original transcripts and fee.
 - d. Midwife-Applicant requests personal copy of transcripts from issuing sources; these copies will be "working copies" that are used by the Midwife-Applicant to annotate the *Content Index* numbers from the ***Gap Analysis Chart of Completed Academic Study***, and when annotation is complete "working copies" are provided to NMI by Midwife-Applicant with the completed forms ***Academic Source Documents***, and ***Gap Analysis Chart of Completed Academic Study***.
 - e. Midwife-Applicant prepares and completes NMI *CML-Challenge forms Academic Source Documents* and ***Gap Analysis Chart of Completed Academic Study*** by annotating *Content Index* numbers from ***Gap Analysis Chart of Completed Academic Study*** directly on copies of the original source documents that are listed on the form ***Academic Source Documents***.
▶ ***Midwifery programs or courses outside of an accredited institution:*** Midwife-Applicant arranges for transcripts of completed midwifery course work to be sent by school or instructor directly to NMI. For midwifery courses completed, Midwife-Applicant provides NMI with

the issuing school's course descriptions of the midwifery courses that are listed on transcripts, or substitutes the courses' learning objectives. Midwife-Applicant lists all Academic Source Documents on the NMI CML-Challenge forms **Academic Source Documents**, and cross-references, annotating directly on source documents the Content Index numbers listed in boxes on **Gap Analysis Chart of Completed Academic Study**.

NOTE: Midwife Applicant may decide the order of completion for Steps 4, 5, and 6

4.
 - a. Upon completion of NMI CML-Challenge forms **Academic Source Documents**, annotation of Content Index numbers on copies of Academic Source Documents, and **Gap Analysis Chart of Completed Academic Study**, Midwife-Applicant provides forms and annotated documents to NMI.
 - b. Midwife-Applicant provides \$2500 fee to NMI.
 - c. Midwife-Applicant receives confirmation from NMI Advisor that all transcripts have been delivered from issuing programs, and confirmation of receipt of CML-Challenge forms **Academic Source Documents**, copies of Academic Source Documents that have been annotated with details of Content Index numbers, and **Gap Analysis Chart of Completed Academic Study**.
 - d. Utilizing *gap analysis* concepts, NMI Advisor evaluates the documentation produced in step 3 (**Academic Source Documents** and supporting annotated documentation in transcripts, course descriptions, midwifery course learning objectives, and CML-Challenge Program form **Gap Analysis Chart of Completed Academic Study**).
 - e. NMI Advisor discusses the gap analysis evaluation results with Midwife-Applicant and if indicated a remediation plan is created to aid Midwife-Applicant to complete the CML-Challenge Program.
 - f. Midwife-Applicant completes remaining courses and documentation according to the CML-Challenge Program remediation plan established during consultation with NMI Advisor.
5. Midwife-Applicant documents the experience requirements listed in CA *Midwifery Practice Act* using the NMI CML-Challenge Program forms **Applicant's Experience for Verification**, itemizing primary midwifery experience in categories of prenatal visits, labor management, births, newborn exams, and postpartum visits.
 - a. Midwife-Applicant secures copies of their primary midwifery care charts that will satisfy the clinical experience requirements. Client names and identifying details are removed and a confidential Client Code is assigned by the Midwife-Applicant and used throughout the application process.

- b. Midwife-Applicant prepares the NMI *CML-Challenge* forms ***Applicant's Experience for Verification***.
- c. Midwife-Applicant provides \$2500 fee to NMI.
- d. Prior to the Midwife-Applicant presenting ***Applicant's Experience for Verification*** forms to the Physician and Midwife Verifiers, Midwife-Applicant provides one unsigned copy of the form ***Applicant's Experience for Verification*** to NMI (no chart records are sent to NMI); NMI Advisor confirms that all details appear intact on the ***Applicant's Experience for Verification*** form; NMI then awaits Midwife Applicant's forms completed with Verifier signatures.
- e. Also Prior to the Midwife-Applicant presenting ***Applicant's Experience for Verification*** forms to the Physician and Midwife Verifiers, Midwife-Applicant provides to NMI the completed ***Physician Verifier Information*** form and ***Midwife Verifier Information*** form. NMI Advisor confirms for the Midwife-Applicant the eligibility of each Verifier.
- f. Midwife-Applicant arranges with two eligible Verifiers (one licensed physician and one licensed midwife or CNM) to reference the Midwife-Applicant's midwifery care records and completed ***Applicant's Experience for Verification*** forms, and *verify with signed initials for each experience on the forms, and confirm by signature* that the required California currency of experience is present in the care records. Upon NMI Advisor's review of the completed verification of authenticity of the content presented in the Midwife-Applicant's forms ***Applicant's Experience for Verification***, NMI pays each Verifier an honorarium of \$250. The agreement between NMI, the Midwife Applicant and each Verifier is confirmed by the Verifiers' completion of the ***Physician Verifier Agreement*** form and ***Midwife Verifier Agreement*** form.
 - ▶ NMI pays two Verifiers after confirming completion of Challenge Application step 5 forms ***Applicant's Experience for Verification***.
Midwife-Applicants do NOT pay Verifiers directly, NMI pays Verifiers.
- g. Midwife-Applicant receives confirmation from NMI Advisor that the form ***Applicant's Experience for Verification*** appears to be complete. Midwife-Applicant then prepares two copies of the form ***Applicant's Experience for Verification***.
- h. Midwife-Applicant receives confirmation from NMI Advisor that the ***Physician Verifier Information*** and ***Midwife Verifier Information*** have been reviewed and the Verifiers qualify to complete their evaluation of Midwife-Applicant's experience documentation forms ***Applicant's Experience for Verification***. Midwife-Applicant arranges with the two Verifiers to receive the Midwife-Applicant's experience documentation forms ***Applicant's Experience for Verification*** and chart records of primary midwifery care, and to spend the necessary time reviewing the examination and birth event-dates recorded in the Midwife-Applicant's midwifery care records for each *de-identified client* and comparing the

chart details with the experience documentation presented by the Midwife-Applicant in the *CML-Challenge Program* forms ***Applicant's Experience for Verification***. Verifiers sign their initials in the spaces provided on the forms, confirming their witness of authenticity of the information presented in the forms ***Applicant's Experience for Verification***, and confirm by signature that the required California *currency of experience* is present the care records.

6. Academic midwifery knowledge is confirmed with the *NMI California Midwifery Licensure Challenge Examination*-- a comprehensive written examination comprised of 335 questions administered over six hours. Midwife-Applicants must successfully complete the *NMI California Midwifery Licensure Challenge Examination* with a score of at least 80%.
 - a. NMI provides the *CML-Challenge Written Examination* in California on testing dates at least twice each year. One testing date will coincide with the annual California Association of Midwives Conference.
 - b. Midwife-Applicants must notify NMI at least 30 days in advance of their intended testing date, and the \$1000 fee must be paid prior to the testing date
 - ▶ Midwife-Applicant may choose to sit the *NMI CML-Challenge Written Examination for California Midwifery Licensure* after completing *CML-Challenge Program* steps 1, 2, and 3, and providing \$1000 fee to NMI prior to examination date. Remaining steps of the *CML-Challenge Program* must be completed prior to receiving the *NMI California Midwifery Licensure Challenge Program Completion Certificate*, which is required for satisfying the Challenge Mechanism route to California Midwifery Licensure.
 - c. NMI *CML-Challenge Written Examination* retesting fee is \$500 for the first retest, \$250 for each subsequent retesting. Midwife-Applicants are not limited to the number of retest dates needed to pass the examination.

Midwives who have successfully completed the *NMI California Midwifery Licensure Challenge Program* receive continued support from NMI to attain midwifery licensure in California and national midwifery certification through North American Registry of Midwives.

- ▶ After completion of *CML-Challenge Program* steps 1-6, Midwife-Applicant receives a formal *NMI California Midwifery Licensure Challenge Program Completion Certificate*, and *NMI California Midwifery Licensure Challenge Program Academic Compilation Transcript*.
- ▶ When the Midwife-Applicant is ready to apply to Medical Board of California for California midwifery licensure, NMI will notify Medical Board of California by providing *CML-Challenge Program* transcript documents and the *California Certificate of Midwifery Education L12* form.
- ▶ Medical Board of California utilizes the *NARM Written Examination* as the midwifery licensing examination. If Midwife-Applicant has not yet completed

the NARM Written Examination (or if they passed the examination *prior to 1996*), after receiving the Midwife-Applciant's application for the California midwifery license, Medical Board of California will notify NARM that the Midwife-Applciant qualifies to register for the NARM Written Examination.

- ▶ Completing California Midwifery Licensure **does not** require qualifying for or completing the NARM CPM credential. However, once the California Midwifery License is issued, the California Licensed Midwife will qualify for the CPM credential through the NARM Pre-Approved State Licensed Midwife route *when the LM can document the required NARM currency of experience (ten primary births within three years)*.

Completing the CPM credential requires submitting a certification application with NARM. Many states provide licensing reciprocity for a midwife who maintains the CPM credential, but state licensing agencies generally do not offer reciprocity to LMs from California (unless reciprocity is based on graduation from a MEAC-Accredited program).

- ▶ Midwife-Applciant must register for the NARM Written Examination as a California State Licensee candidate, after submitting the California Midwifery License Application with Medical Board of California, and with the assistance of the MBC office.
- ▶ The *NARM Written Examination* is administered electronically by Prov at established computer-testing sites nationwide. Once registered with NARM as qualified to access the *NARM Written Examination*, Midwife-Applciant are scheduled by Prov individually for their choice of available sites and dates.

Fee Structure

\$7500 total NMI fees

- | | |
|--------|---|
| \$500 | 1. NMI CML-Challenge forms: <i>Initial Application</i> and <i>Intent to Apply Statement</i> , and \$500 fee to NMI. |
| \$500 | 2. NMI CML-Challenge form: <i>Verification of Midwifery Credential</i> , and \$500 fee to NMI. |
| \$500 | 3. NMI CML-Challenge form: <i>Academic Transcripts Have Been Requested</i> , and \$500 fee paid to NMI when Midwife-Applicant requests transcripts from issuing sources. |
| \$2500 | 4. NMI CML-Challenge forms: <i>Academic Source Documents</i> and <i>Gap Analysis Chart of Completed Academic Study</i> , with annotated academic source documents, and \$2500 fee to NMI. |
| \$2500 | 5. NMI CML-Challenge forms: <i>Applicant's Experience for Verification, Physician Verifier Information and Agreement</i> , and <i>Midwife Verifier Information and Agreement</i> , and \$2500 fee to NMI. |
| \$1000 | 6. NMI CML-Challenge Written Examination for California Midwifery Licensure, and \$1000 fee to NMI. |

Retesting fees are in addition to the baseline \$7500 CML-Challenge Program fees: \$500 for the first retest, \$250 for each subsequent retesting. Midwife-Applicants are not limited to the number of retest dates needed to pass the examination.

- After completing ***CML-Challenge Program*** steps and payments 1, 2, and 3, a Midwife-Applicant may choose to sit the ***NMI CML-Challenge Written Examination for California Midwifery Licensure***.

At least 30 days notice is required prior to a scheduled testing date.

Payment of \$1000 fee to NMI is required prior to the testing date.

Remaining steps and payments for the ***CML-Challenge Program*** must be completed prior to receiving the ***NMI California Midwifery Licensure Challenge Program Completion Certificate*** and ***NMI California Midwifery Licensure Challenge Program Academic Compilation Transcript***, which are required for satisfying the Challenge Mechanism route to California Midwifery Licensure.

- Midwife Applicant may choose the order of completion for Steps 4, 5, and 6
- All payments are made to National Midwifery Institute, Inc.

***Additional costs NOT included in NMI
California Midwifery Licensure Challenge Program fees:***

- Midwife Applicant's application to Medical Board of California for state midwifery licensure
- WES verification of international transcripts and credentials
- Remediation courses indicated by NMI gap analysis review of Midwife Applicant's form ***CML-Challenge Gap Analysis Chart of Completed Academic Study***
- Fees for academic transcripts requested for completion of NMI CML-Challenge Program
- NARM Written Examination (administered by Prov on computer)
- NMI CML Challenge Examination Retake fee (administered on paper)

Remediation Plan: Academic Course Work or Improved Documentation

A Midwife-Applicant begins the NMI *California Midwifery Licensure Challenge Program* by evaluating their previous academic experience according to the *Academic Content for Gap Analysis Comparison*. An NMI Advisor evaluates the completed academic gap analysis documentation provided by the Midwife-Applicant, and they discuss areas of academic study that may appear to be lacking. The Midwife-Applicant has opportunity to improve the documentation of academic achievement, which may involve additional course study.

Academic Content for Gap Analysis Comparison

California Midwifery Practice Act identifies academic knowledge requirements in 46 content areas. Comprehensive midwifery courses generally combine numerous content areas. Conventional science courses may provide simple content titles that match easily to content areas but don't usually include broader perspectives of psychosocial, emotional, and cultural aspects of midwifery process. The gap analysis provides a Midwife-Applicant with the opportunity to translate their acquisition of knowledge into the policy language of the midwifery licensing requirements.

Preparation for completing the ***Gap Analysis Chart of Completed Academic Study*** requires consideration of the following content areas and cross-referencing of the content areas with the Midwife-Applicant's academic transcripts. Midwife-Applicants will need to compare course descriptions from school catalogues, and may need access to the learning objectives from the courses. Course details may be available online; it may be necessary to contact the school, program, and instructors. If course materials are not available, a letter may be provided by an instructor, detailing the course content in the terms utilized by the Midwifery Practice Act. During the application process, Midwife-Applicants provide NMI with copies of the documents and resources that are used to complete the ***Gap Analysis Chart***. Academic transcripts are to be sent from the issuing source directly to NMI; letters from instructors may be provided by email and cc'd to Midwife-Applicant and NMI. NMI may contact the instructor for clarification of details.

When completing the ***Gap Analysis Chart of Completed Academic Study*** additional copies of the form may be needed to fully document the sources of knowledge for each content area. Some course titles may appear frequently.

NMI will confirm the documentation provided by the Midwife-Applicant on the ***Gap Analysis Chart***. NMI produces a compilation academic transcript that notes each academic content area from the Midwifery Practice Act of California, and indicates the verification method completed by the Midwife-Applicant in the CML-Challenge application. Verification methods may be noted on the compilation academic transcript by the following determinations:

- academic course title listed on transcript
- academic content within a course is confirmed
- course challenged by NMI exam (this may occur during the gap analysis remediation period)

In addition to verifying completion of academic study on the ***Gap Analysis Chart***, the NMI CML-Challenge requires successful completion of the CML-Challenge Written Examination to confirm the Midwife-Applicant's comprehension of core midwifery knowledge and licensing requirements for California midwives.

The final step to qualifying for the California midwifery license is passing the licensing examination utilized by the State of California: the NARM Examination.

Academic Content List

2512.5

- 3.A. The art and science of midwifery
 - maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care.
- 3.B. Communications skills that include the principles of oral, written, and group communications.
- 3.C. Anatomy and physiology,
 - genetics,
 - obstetrics and gynecology,
 - embryology and fetal development,
 - neonatology,
 - applied microbiology,
 - chemistry,
 - child growth and development,
 - pharmacology,
 - nutrition,
 - laboratory diagnostic tests and procedures,
 - physical assessment.
- 3.D. Concepts in psychosocial, emotional, and cultural aspects of
 - maternal and child care,
 - human sexuality,
 - counseling and teaching,
 - maternal and infant and family bonding process,
 - breast feeding,
 - family planning,
 - principles of preventive health, community health.
- 3.E. Aspects of the normal
 - pregnancy,
 - labor and delivery,
 - postpartum period,
 - newborn care,
 - family planning or routine gynecological care

in alternative birth centers, homes, and hospitals.
- 3.F. The following shall be integrated throughout the entire curriculum:
 - (i) Midwifery process.
 - (ii) Basic intervention skills in preventive, remedial, and supportive midwifery.
 - (iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.
 - (iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.

- 3.G. Instruction shall also be given in
personal hygiene,
client abuse,
cultural diversity,
the legal, social, and ethical aspects of midwifery.
- 3.H. The program shall include the midwifery management process, which shall include all of the following:
- (i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.
 - (ii) Identifying problems based upon correct interpretation of the data base.
 - (iii) Preparing a defined needs or problem list, or both, with corroboration from the client.
 - (iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.
 - (v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.
 - (vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.
 - (vii) Assuming direct responsibility for implementing the plan of care.
 - (viii) Initiating appropriate measures for obstetrical and neonatal emergencies.
 - (ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

Examination

Midwife-Applicants qualify to take the National Midwifery Institute *CML-Challenge Program Written Examination* upon successful completion of the first three steps of the application process:

- Step 1: ***Initial Application with Intent to Apply Statement*** and \$500 fee.
- Step 2: ***Verification of Midwifery Credential*** form and \$500 fee.
- Step 3: ***Academic Transcripts Have Been Requested*** form and \$500 fee.

When a Midwife-Applicant chooses to identify a *CML-Challenge Program Examination* testing date, advance notification of at least 30 days is required to NMI. Midwife-Applicant provides to NMI the *CML-Challenge Program form Intention to Sit the NMI CML-Challenge Program Examination* form and \$1000 fee. When other testing candidates have already registered for the same examination date, NMI will continue to receive late registration of candidates prior to the scheduled date. However, the \$1000 fee must be paid prior to the examination date.

There may be three *CML-Challenge Program Written Examination* dates during the first twelve months of the 2017-revised NMI *CML-Challenge Program*.

Following the first operational twelve months, NMI is committed to providing the *CML-Challenge Written Examination* in California twice each year. It is the intention of NMI program directors to schedule one offering of the *Challenge Examination* to coincide with the annual California Association of Midwives Conference, and a second exam date within six months, location to be determined.

The NMI *CML-Challenge Program Written Examination* is given in two sessions, each three hours long, with an hour break for lunch. For example, the first examination session may run from 10 am to 1pm, with a break from 1 pm to 2 pm, followed by the second examination session from 2 to 5 pm. NMI will provide lunch for all testing candidates.

Examination results will be available within two weeks of testing. Passing score is 80%.

Successful completion of the *CML-Challenge Program Examination*, and completion of all *CML-Challenge Program* documentation and forms is required to finish the CML-Challenge Program. The following forms and fees must be received and verified to complete the *CML-Challenge Program*.

step 4:

- ***Academic Source Documents*** form,
- annotated source documents,
- ***Gap Analysis Chart of Completed Academic Study*** forms,
- \$2500 fee.

step 5:

- ***Physician & Midwife Verifier Information*** form,
- ***Physician & Midwife Verifier Agreements*** form,
- ***Applicant's Experience for Verification*** forms,
- \$2500 fee.

Construction of the NMI Challenge Program Examination

The CML-Challenge Program Examination is written by faculty midwifery educators who have completed item writing training supervised by North American Registry of Midwives and are experienced with examination construction and confidentiality.

Content areas of the CML-Challenge Program Examination are those identified in California Midwifery Practice Act :

- A. The art and science of midwifery...including but not limited to prenatal, labor and delivery, neonatal well care and postpartum care;
- B. Communication skills;
- C. Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment;
- D. Concepts in psychosocial, emotional and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breastfeeding, family planning, principles of preventative health and community health;
- E. Aspects of normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes and hospitals;
- F. Midwifery process, including interventive skills in preventative, remedial and supportive midwifery; development of collegial relationships with health care providers from other disciplines; and behavioral and social sciences;
- G. Personal hygiene, client abuse, cultural diversity, and the legal, social and ethical aspects of midwifery;
- H. Midwifery management process including obtaining or updating a defined and relevant database for assessment of the health status of the client; identifying problems based upon correct interpretation of the data base; consulting, collaborating with, and referring to, appropriate members of the health care team; evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately; assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client; assuming direct responsibility for implementing the plan of care; initiating appropriate measures for obstetrical and neonatal emergencies.

The examination is 335 multiple choice questions, 20% of which are true/false questions. NMI Challenge Program Examination passing score is 80%. (268 items answered correctly out of 335 possible.)

NMI Challenge Program Examination content ratio (rounded to nearest .5%):

- | | |
|-----------------------------------|-------------------------------------|
| 22% of questions from category A. | 12% of questions from category E. |
| 02% of questions from category B. | 18% of questions from category F. |
| 26% of questions from category C. | 02.5% of questions from category G. |
| 06% of questions from category D. | 10% of questions from category H. |

Examination Scoring, Appeals, Retakes

All NMI CML-Challenge Program Written Examinations are scored by hand. The examination is given in a multiple choice format, and Midwife-Applicants indicate their answers directly on the testing booklet. If additional information is offered to clarify an answer, this additional information may only be considered as part of a correct answer.

NMI Challenge Program Examination passing score is a raw score of 268 questions correct out of 335 questions, or 80%. Testing scores are reported to Midwife-Applicants as pass or fail. Midwife-Applicants who fail the examination are given their actual score for each section of the examination.

Midwife-Applicants who fail the NMI Challenge Program Examination may choose to retake the examination or to pursue graduation from the National Midwifery Institute Midwifery Certificate program. Examination retakes are offered at the regular examination dates. The first retake fee is \$500. Subsequent retakes are \$250. NMI does not limit the number of retakes a midwife-applicant may have. Midwife-applicants who have failed the Challenge Program Examination and choose to pursue graduation from the NMI Midwifery Certificate program may pay an adjusted tuition total (the current NMI Transfer Student Tuition minus the portion normally reserved for the preceptor). Fees paid for the California Midwifery Licensure Challenge Program are in addition to NMI tuition.

A Midwife-Applicant may appeal a failing score that is within 1% of passing. One percent represents three questions, or a raw score of 265. A written appeal may be submitted within 30 days following the examination date, indicating areas of the examination that the Midwife-Applicant wishes to discuss. Program administrators will review the request and if there is an area for which the Midwife-Applicant provides support with alternate literature, the score may be adjusted. The final decision rests with joint program directors.

In order to complete the NMI CML-Challenge Program for California Midwifery Licensing, Midwife-Applicants who fail the examination must retake and pass the entire examination at a future examination date. Because a Midwife-Applicant must wait to retest until the next scheduled examination date, NMI provides Midwife-Applicants with the option of testing prior to submission of forms for Steps 4 and 5. If retesting is necessary, the time between examination dates would be used to complete the documentation and review processes for Steps 4 and 5.

Experience Verification

All Midwife-Applicants pursuing the NMI California Midwifery Licensure Challenge Program must have their clinical experience documentation verified by a licensed physician/surgeon and a licensed midwife or certified nurse-midwife. Each verifier must provide their midwifery or medical license number and all licenses must be current and in good standing.

NMI will confirm with the licensing agencies that each Midwife Verifier holds a current license to practice midwifery, and that each Physician Verifier holds a current license to practice medicine/obstetrics.

Clinical experience may be verified by the physician/surgeon and licensed midwife/CNM through direct observation, chart audit (client codes with de-identified records), or by phone (speaking with former clients regarding prenatal or postpartum care, or another midwife or someone else who was present at the birth-note that the client must grant permission to the Midwife-Applicant for their identity to be shared for phone-verification purposes).

Each Midwife-Applicant is responsible for making arrangements with verifiers who agree to review their clinical experience. Verifiers sign confidentiality agreements. Each verifier must complete verification of all required experiences. Charts are provided to one verifier at a time. If verification of an experience is not possible, verifier notifies Midwife-Applicant immediately and Midwife-Applicant provides alternate documentation as replacement. Verifiers must indicate how they confirmed each experience requirement, if not by chart audit.

Upon complete verification of all the Midwife-Applicant's clinical experience, verifiers return documentation to the Midwife-Applicant. Midwife-Applicants submit completed verification to NMI.

Verification of clinical experience is documented on forms that have been approved by Medical Board of California.

NMI provides a \$250 stipend to verifiers for completion of their experience verification services to NMI and Midwife-Applicants.

National Midwifery Institute reserves the right to further confirm any midwifery experience that may be in question, or for the purposes of random audit.

Documentation of Required Clinical Experience

Midwife-Applicant's Instructions **for Completing Experience Verification Forms**

This application packet includes fifteen original ***Applicant's Experience for Verification*** forms. You may make additional blank copies as needed.

All information recorded and reviewed for verification is held confidential by NMI staff, verifiers, and the Midwife-Applicant compiling the experience documentation.

Choose experiences that meet the California currency requirement: At least half (50%) of all required experience must be within five years of application for the *Challenge Program*.

Choose experiences that may be verified by chart or personal contact by phone with someone who was physically present during your work with the client. Charts must be de-identified and assigned Client Codes; the same Client Codes are used on the ***Experience for Verification*** form. If chart audit is not possible and you require an alternate method (witness), assure that the client has granted permission for their identity to be disclosed during the verification. Review with the witness how they will be contacted and supply them with the Client Code. *Provide a phone number on the form only if needed*, and include the contact person's name and role during care. Maintain client confidentiality at all times.

You will keep the original set of your experience records entered on these forms. Provide one copy, *unsigned by Verifiers*, to NMI and await response from the NMI Advisor who will confirm that the ***Experience for Verification*** forms appear complete. Then make a copy of the complete set for each of the Verifiers.

Write your name and contact information in the box provided on each page.

The *Totals* box in the upper right corner of the page is intended to help the Verifiers keep track of your numbers as they verify your experience. As Midwife-Applicant, you leave those spaces blank.

Please number your pages in the area provided in the upper right corner. Enter the page number in the first blank, followed by the total number of forms. For example, page 3 of 12.

Each form has space to record experience with five clients. You may not have experience in every category with all of your clients. If you did not provide care in the category indicated, write NO or enter zero in that box. For the clients whose labors and births you attended as primary midwife or "labor management," record the date of the birth. Other boxes will contain the numbers of visits and examinations provided in the role of primary midwife, or a zero.

Each row begins at the left side with the shaded box provided for Verifiers to sign their initials after they have verified the experience with each client, followed to the right with a box for the de-identified client code, and if needed, a phone number for either the client or a witness. Each client is indicated by a code number that matches the identification code on their chart.

Each column of boxes is labeled A through G and indicates your experience with each client. *Every box will have an entry: YES/NO, a number or zero, a date or NO.*

Instructions for Completing Applicant's Experience for Verification Forms, continued

Box A is marked YES if you worked as primary midwife and provided her initial prenatal visit, or NO if you did not.

Box B is marked with the number of return prenatal visits in which you provided care as primary midwife. Mark zero if you did not provide this care as primary midwife.

Box C is marked with the date of the labor experience in which you participated in the client's "labor management." These experiences must include continued support or assistance during the actual birth. If you did not provide this care, enter NO. ***This number is in addition to the number recorded in Box D-the same labor and birth cannot count in both boxes.***

Box D is marked with the date of the birth during which you provided care as primary midwife for this client. If you did not provide care as primary midwife at the birth, write NO in the box. ***This number is in addition to the number recorded in Box C-the same labor and birth cannot be counted in both boxes.***

Box E is marked YES if you worked as primary midwife and provided care for the postpartum newborn assessment. If you did not provide the primary midwifery care of the newborn assessment, write NO.

Box F is marked with the number of postpartum visits during the first five days following the birth, during which you provided primary midwifery care for this client and baby. Enter zero if you did not provide this care.

Box G is marked with the number of postpartum visits AFTER the first five days following the birth, during which you provided primary midwifery care for this client and baby. This box also includes the number of family planning and/or gynecological visits that you provided as primary midwife to this client. In some instances, this may be the only box that is marked for a client. If you did not provide primary midwifery care to her in any of these areas, enter a zero.

Keep your original set of forms. Prior to involving the Verifiers, send a copy to NMI for review. NMI Advisor will confirm that your forms appear complete and then you will make a copy for each of the Verifiers to review.

Each Verifier must complete verification of all documented midwifery experience.

When verification of experience is complete, return the following documentation to NMI:

- Both original sets of the ***Applicant's Experience for Verification*** forms, signed by the verifiers.
- ***Midwife Verifier Agreement*** form, signed.
- ***Physician Verifier Agreement*** form, signed

Send the above completed experience documentation to NMI at least 60 days prior to your intended completion date. Please note that Experience Verification documentation may be submitted AFTER your ***CML-Challenge Examination*** date.

Experience Verification

Audit Policy

National Midwifery Institute reserves the right to further confirm any midwifery experience that is documented in the experience verification process. Random audits may occur without cause.

When a particular experience is being audited, National Midwifery Institute will contact the Midwife-Applicant regarding the contact information to confirm the experience. Confidentiality of the birthing client is protected at all times. The Midwife-Applicant is asked to supply NMI with one of the following:

- the name and contact information of a witness to the experience-this may be the client, but that detail will remain unidentified to the NMI auditor. The witness will be contacted by phone or postal mail, and asked to confirm the Midwife-Applicant's experience. *The witness is not asked to identify their own role at the birth or prenatal/postpartum visit, but only to confirm that the Midwife-Applicant provided the care as documented in the Midwife-Applicant's NMI CML-Challenge documentation.*
- an *excerpt* of the client's chart, with the client's name and identifying information removed. This excerpt must be sufficient to confirm the experience documentation.

Audits must be initiated within two weeks of NMI receiving the completed ***Experience Verification*** forms, and completed prior to the midwife-applicant's ***CML-Challenge*** completion date.

If an audit fails to confirm the experience documentation selected, another selection must be substituted; if the Midwife-Applicant's experience documentation appears to be unsubstantiated, additional experience documentation will be required.

A Midwife-Applicant undergoing an experience documentation audit will be allowed to sit the ***CML-Challenge Examination*** as scheduled, however additional experience documentation may be required before completion of the ***CML-Challenge Program*** is granted.

National Midwifery Institute, Inc.
CML-Challenge Program

Midwife-Applicant Forms

Testing dates and locations will be determined each year:

One testing date will coincide with the Annual California Association of Midwives Conference, a second date will be set to occur 4-8 months later. Each Midwife-Applicant determines their individual timeline for completion and testing.

Index of Forms

<u>Page</u>	<u>Form</u>
35	<i>Initial Application and Intent to Apply Statement</i> - 7 page form
41	<i>Midwife-Applicant NARM Records Release</i>
42	<i>Verification of Midwifery Credential</i>
43	<i>Academic Transcripts Have Been Requested</i>
44	<i>Intention to Sit the NMI CML-Challenge Program Examination</i>
45	<i>Academic Source Documents</i> -17 pages, use as needed
63	<i>Gap Analysis Chart of Completed Academic Study</i> - 10 page form
73	<i>Midwife Verifier Information</i>
74	<i>Physician Verifier Information</i>
75	<i>Midwife Verifier Agreement</i>
76	<i>Licensed Midwife Verification of Applicant Experience</i>
77	<i>Physician Verifier Agreement</i>
78	<i>Physician Verification of Applicant Experience</i>
79	<i>Experience Verification forms</i> - 15 identical pages for ease of printing

Contact information:

National Midwifery Institute, Inc.
PO Box 128
Bristol, VT 05443-0128

NMI phone 802.453.3332
www.NationalMidwiferyInstitute.com
email: SAmidwife@aol.com,
subject line: Challenge

NARM
North American Registry of Midwives

NARM phone 888.84.BIRTH
www.narm.org
email: testing@narm.org request exam results

Medical Board of California
MBC

www.mbc.ca.gov
click Licensees tab, Midwives

World Education Services
WES

www.wes.org
click Professional Licensing tab
Reports: course-by-course &
document-by-document

Midwife-Applicant Information

Initial Application page 1 of 7

name _____

email _____

phone _____

mailing address _____

previous/other names used during education or practice _____

Intent to Apply Statement

I, _____,
(full name)

hereby state my good-faith intention to complete my application and qualification process with National Midwifery Institute, Inc., for the NMI California Midwifery Licensure Challenge Program (CML-Challenge Program).

I agree to provide payment at my initiation of each step of the application process. I understand that all fees are nonrefundable.

I understand that there are expenses related to completing the midwifery licensing process that are not included in the \$7500 CML-Challenge Program fee structure.

I understand that my *currency of experience qualifications** will be honored for a minimum of one year from application date stated below with signature.

I understand that I may be required to attain addition recent experience to remain in compliance with the limitations set by the Midwifery Practice Act of California.

signature _____ date _____

* experience currency qualifications: all qualifying experience occurs within ten years of CML-Challenge application, and 50% of experience is within five years of application

Initial Application page 2 of 7

Initial Application Details

I have completed the following midwifery credentials:

(circle) CPM CNM LM RM other _____

I have been licensed/credentialed as a midwife in

(states and countries)

Date of issue of each credential _____

Expiration date of current/most recent midwifery credential _____

Date of most recent midwifery experience _____
(month/year)

My midwifery education:

List schools/programs attended

dates

dates

dates

dates

dates

List midwifery and science courses completed outside of an organized program

dates

dates

dates

dates

dates

Initial Application page 3 of 7

I affirm that my documentation of previous academic study will confirm the didactic qualifications in each category identified by the Midwifery Practice Act of California. I agree to provide the necessary documentation to verify my academic accomplishment, using the NMI forms **Academic Source Documents** and **CML-Challenge Gap Analysis Chart of Completed Academic Study**, and supporting annotated documentation.

Midwifery Practice Act of California didactic requirements

2512.5

3.A. The art and science of midwifery

maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care.

3.B. Communications skills that include the principles of oral, written, and group communications.

3.C. Anatomy and physiology,

genetics,
obstetrics and gynecology,
embryology and fetal development,
neonatology,
applied microbiology,
chemistry,
child growth and development,
pharmacology,
nutrition,
laboratory diagnostic tests and procedures,
physical assessment.

3.D. Concepts in psychosocial, emotional, and cultural aspects of

maternal and child care,
human sexuality,
counseling and teaching,
maternal and infant and family bonding process,
breast feeding,
family planning,
principles of preventive health, community health.

3.E. Aspects of the normal

pregnancy,
labor and delivery,
postpartum period,
newborn care,
family planning or routine gynecological care

in alternative birth centers, homes, and hospitals.

3.F. The following shall be integrated throughout the entire curriculum;

- (i) Midwifery process.
- (ii) Basic intervention skills in preventive, remedial, and supportive midwifery.
- (iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.
- (iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.

Initial Application page 4 of 7

- 3.G. Instruction shall also be given in
personal hygiene,
client abuse,
cultural diversity,
the legal, social, and ethical aspects of midwifery.
- 3.H. The program shall include the midwifery management process, which shall include all of the following:
- (i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.
 - (ii) Identifying problems based upon correct interpretation of the data base.
 - (iii) Preparing a defined needs or problem list, or both, with corroboration from the client.
 - (iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.
 - (v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.
 - (vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.
 - (vii) Assuming direct responsibility for implementing the plan of care.
 - (viii) Initiating appropriate measures for obstetrical and neonatal emergencies.
 - (ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

I understand that my **CML-Challenge Gap Analysis Chart of Completed Academic Study** forms will be evaluated by NMI Program Directors and that gap analysis results will be discussed with me. If indicated, a remediation plan will be created and upon completion of remaining documentation or academic requirements, the academic portion of my qualifications will be complete.

I understand that I may choose the order and timing of submitting the **Gap Analysis Chart of Completed Academic Study** and the **Applicant's Experience for Verification** forms.

After providing the **CML-Challenge Program forms Initial Application and Statement of Intent to Apply, Verification of Midwifery Credential, Academic Transcripts Have Been Requested**, and \$1500 fees, a Midwife Applicant may qualify for the NMI CML-Challenge Examination for California Midwifery Licensure and pay the \$1000 CML-Challenge examination fee. Completion of the CML-Challenge application process may occur after passing the written Challenge Examination.

Completion of the CML-Challenge Program occurs with satisfactory completion of all documentation of both academic and clinical requirements, which includes passing the CML-Challenge Written Examination, and payment of all fees.

Initial Application page 5 of 7

My midwifery experience:

I affirm that my experience documentation will verify the qualifications of midwifery care and birth experience in each category identified by the Midwifery Practice Act of California.

I affirm that within the past ten years, my primary midwifery experience includes at least

- 20 new antepartum visits
- 75 return antepartum visits
- 20 labor management experiences (including births), and
- 20 deliveries
- 20 newborn assessments
- 40 postpartum visits within the first five days of birth
- 40 postpartum/family planning/gynecology visits
- (for a minimum total of 40 births)*

I affirm that at least 50% of the above experience occurred within the past five years.

I affirm that documentation of the above experience is accessible to me, that I will protect client identity by using client codes, and that I will provide appropriate documentation to MD and LM/CNM verifiers for completion of the CML-Challenge experience verification process.

I affirm my willingness to research, identify and make arrangements with the required two verifiers (one physician and one licensed midwife) who will compare my records of care with my documentation of experience provided on the NMI CML-Challenge form ***Applicant's Experience for Verification***, and who will provide signatures to confirm authenticity of the experiences represented in the application documentation.

I affirm my understanding of and agreement to the terms of the CML-Challenge Program fee schedule, application requirements, testing/retesting and refund policies.

I understand that my experience verification is subject to audit.

I understand that it is my responsibility to confirm the Verifier eligibility of and make arrangements with a Midwife Verifier and a Physician Verifier, and to provide each of them with the required experience documentation.

I understand that I must pass the NMI CML-Challenge Written Examination before I complete the CML-Challenge Program, and that I may retake the examination until I achieve a passing score of at least 80%.

I am aware of the \$500 examination retest fee, and subsequent \$250 retest fee.

Initial Application page 6 of 7

I am aware of the NMI appeal process for *CML-Challenge Program* Midwife Applicants with failing examination scores.

I understand that it is my responsibility to meet all submission deadlines.

I agree to uphold the confidentiality of the California Midwifery Licensure Challenge Program Written Examination and the confidentiality of other midwife-applicants.

I recognize that the CML-Challenge Written Examination and CML-Challenge Program are the sole property of National Midwifery Institute, Inc.

I affirm that this document has been completed honestly, with the sincere intention of completing the National Midwifery Institute California Midwifery Licensure Challenge Program.

I agree to the terms detailed in this seven-page *Initial Application*.

Signed _____

Date _____

Driver's License # _____

State of Issue of Driver's License _____ Expiration Date _____

Social Security # _____ Date of Birth _____
(required for later documentation provided by NMI to Medical Board of California)

Send completed form with \$500 fee to initiate CML-Challenge application process.

Next steps:

- \$500 fee paid to NMI along with verification of previously completed midwifery credential.
- \$500 fee paid to NMI at the time of your request for Academic Transcripts to be sent directly to NMI from issuing schools (for international documents, additional fee to World Education Services for transcript documentation \$160-\$205 as of 1/2017).
- Complete NMI CML-Challenge forms ***Academic Source Documents*** and ***Gap Analysis Chart of Completed Academic Study*** and \$2500 fee paid to NMI with submission of Gap Analysis forms.
- Complete NMI CML-Challenge form ***Applicant's Experience for Verification*** and \$2500 fee paid to NMI with submission of ***Experience Verification*** forms.
- \$1000 fee to NMI and testing with NMI CML-Challenge Written Examination for California Midwifery Licensure.
- Midwife-Applicant may choose the order and timing of submitting the ***Gap Analysis Chart of Completed Academic Study*** and the ***Applicant's Experience for Verification*** forms, and scheduling of the NMI CML-Challenge Written Examination for California Midwifery Licensure.

Initial Application page 7 of 7

- After providing the **Initial Application and Statement of Intent to Apply, Verification of Midwifery Credential, Academic Transcripts**, and \$1500 fees, midwife-applicant may qualify for the NMI **CML-Challenge Written Examination for California Midwifery Licensure** and pay the \$1000 **CML-Challenge Written Examination** fee.
- Completion of the **CML-Challenge Program** occurs with satisfactory completion of all documentation of both academic and clinical requirements and achieving a passing score on the **CML-Challenge Written Examination**.

Midwife-Applicant NARM Records Release

I, (name) _____, request that

North American Registry of Midwives provide National Midwifery Institute with the scheduling and outcome of my NARM Written Examination, certification application and CPM status.

_____ I have not yet taken the NARM Written Examination.

I intend to complete the NMI **CML-Challenge Program** and anticipate testing with NARM in (month) _____ (year) _____

_____ I have successfully completed written testing with NARM.

My date for passing the NARM Written Examination _____

Print Name

Signature

Date _____

Verification of Midwifery Credential

NMI will receive official confirmation of my midwifery credential(s),

#1 type of credential _____

issued by _____

#2 type of credential _____

issued by _____

#3 type of credential _____

issued by _____

OR

My midwifery credential may be verified by checking the following online database:

#1 Issuing agency _____

website www. _____

#2 Issuing agency _____

website www. _____

#3 Issuing agency _____

website www. _____

Send completed form with \$500 fee to continue CML-Challenge application process.

signature _____ date _____

print name _____

Do you have a name variation that will be documented on your midwifery credential?

Academic Transcripts Have Been Requested

I have contacted the following schools, programs, or instructors to request that my academic transcripts will be sent directly to NMI:

My name at the time of my enrollment:

I understand that NMI will confirm with me receipt of the above documents. Meanwhile, I will prepare my **Gap Analysis Chart of Completed Academic Study** and provide supporting annotated documentation as indicated (form **Academic Source Documents** and course descriptions, learning objectives, instructor letters).

I understand that I will need working/reference copies of my transcripts in addition to the original copies that are sent directly to NMI from the issuing program or granting institution.

Send completed form with \$500 fee to continue the CML-Challenge application process.

signature _____ date _____

print name _____

Intention to Sit the NMI CML-Challenge Program Examination

Midwife-Applicant's Name _____

I have provided the following documentation and payments:

1. NMI CML-Challenge forms: **Initial Application** and **Intent to Apply Statement**, and \$500 fee paid to NMI.
2. NMI CML-Challenge form: **Verification of Midwifery Credential**, and \$500 fee paid to NMI.
3. NMI CML-Challenge form: **Academic Transcripts Have Been Requested**, and \$500 fee paid to NMI at the time that I requested transcripts be sent to NMI from issuing sources and granting institutions.

I understand that I may choose the order of completion for the remaining CML-Challenge Program steps:

4. NMI CML-Challenge forms: **Academic Source Documents** and **Gap Analysis Chart of Completed Academic Study**, with annotated academic source documents, and \$2500 fee to NMI.
5. NMI CML-Challenge forms: **Applicant's Experience for Verification**, **Physician Verifier Information**, and **Midwife Verifier Information**, and \$2500 fee to NMI.
6. NMI CML-Challenge Written Examination for California Midwifery Licensure, and \$1000 fee to NMI. (with 30 days notice in advance of a scheduled NMI CML-Challenge exam date.)

My chosen date to sit for the CML-Challenge Program Examination is

(date) _____ and I agree to pay the \$1000 fee prior to the exam date.

signature _____ date _____

print name _____

Academic Source Documents

Completion of required academic study is documented in detail. Each content area identified in *Midwifery Practice Act of California* is verified by cross-referencing the *Content Index* in the *Gap Analysis* with the academic source documents listed below.

A Midwife-Applicant provides the necessary documents by completing this form and providing an annotated copy of each document listed. Original documents must be sent directly from the issuing source to NMI (academic transcripts and letters from instructors or program administrators) and supporting documents are sent by the Midwife-Applicant with the academic portion of the CML-Challenge Program application materials.

Midwife-Applicants must retain copies of the documents they provide to NMI, and make arrangements for a duplicate reference copy of each transcript to be sent to themselves.

In addition to providing the documents listed on this form, the *Gap Analysis* form asks the Midwife-Applicant to **indicate on the source documents** where each item in the *Content Index* box is found. *Content Index* numbers are used to annotate source documents.

A circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

B circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

C *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

D *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

E *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

F *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

G *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

H *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

I *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

J *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

K *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

L *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

M *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

N *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

O circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

P circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

Q circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

R *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

S *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

T *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

U *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

V *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

W *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

X *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

Y *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

Z *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

aa *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

bb *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

cc *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

dd *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

ee *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

ff *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

gg *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

hh *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

ii *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

jj *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

kk *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

ll *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

mm circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

nn circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

oo circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

pp circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

qq circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

rr circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

SS *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

tt *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

uu *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

VV *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

WW *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

XX *circle document type:* transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

yy circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

zz circle document type: transcript letter class syllabus course learning objectives

CEU record CEU course description CEU learning objectives

other _____

issuing source _____

source contact name _____

source contact phone _____

source contact email _____

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3A <i>the art and science of midwifery: maternal and child health in labor and delivery</i>		content index 1
2512.5 3A <i>the art and science of midwifery: neonatal well care</i>		content index 2
2512.5 3A <i>the art and science of midwifery: maternal and child health in postpartum care</i>		content index 3
2512.5 3B communications skills that include the principles of oral, written, and group communications		content index 4
2512.5 3C anatomy and physiology		content index 5

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3C genetics		content index 6
2512.5 3C obstetrics and gynecology		content index 7
2512.5 3C embryology and fetal development		content index 8
2512.5 3C neonatology		content index 9
2512.5 3C applied microbiology		content index 10

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3C chemistry		content index 11
2512.5 3C child growth and development		content index 12
2512.5 3C pharmacology		content index 13
2512.5 3C nutrition		content index 14
2512.5 3C laboratory diagnostic tests and procedures		content index 15

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NIML Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3C physical assessment		content index 16
2512.5 3D <i>concepts in psychosocial, emotional, and cultural aspects of maternal and child care</i>		content index 17
2512.5 3D <i>concepts in human sexuality</i>		content index 18
2512.5 3D <i>concepts in counseling and teaching</i>		content index 19
2512.5 3D <i>concepts in maternal and infant and family bonding process</i>		content index 20

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3D <i>concepts in breast feeding</i>		content index 21
2512.5 3D <i>concepts in family planning</i>		content index 22
2512.5 3D <i>principles of preventive health</i>		content index 23
2512.5 3D <i>principles of community health</i>		content index 24
2512.5 3E aspects of the normal pregnancy in alternative birth centers, homes, and hospitals		content index 25

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3E aspects of the normal labor and delivery in alternative birth centers, homes, and hospitals		content index 26
2512.5 3E aspects of the normal postpartum period in alternative birth centers, homes, and hospitals		content index 27
2512.5 3E aspects of the normal newborn care in alternative birth centers, homes, and hospitals		content index 28
2512.5 3E aspects of family planning or routine gynecological care in alternative birth centers, homes, and hospitals		content index 29
2512.5 3Fi <i>integrated throughout curriculum: midwifery process</i>		content index 30

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3Fii <i>integrated throughout curriculum: basic intervention skills in preventive, remedial, and supportive midwifery</i>		content index 31
2512.5 3Fiii <i>integrated throughout curriculum: the knowledge and skills required to develop collegial relationships with health care providers from other disciplines</i>		content index 32
2512.5 3Fiv <i>integrated throughout curriculum: related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness</i>		content index 33

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3G personal hygiene		content index 34
2512.5 3G client abuse		content index 35
2512.5 3G cultural diversity		content index 36
2512.5 3G the legal, social, and ethical aspects of midwifery		content index 37
2512.5 3Hi <i>midwifery management process: obtaining or updating a defined and relevant data base for assessment of the health status of the client</i>		content index 38

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-ApPLICANT to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3Hii midwifery management process: identifying problems based upon correct interpretation of the data base		content index 39
2512.5 3Hiii midwifery management process: preparing a defined needs or problem list, or both, with corroboration from the client		content index 40
2512.5 3Hiv midwifery management process: consulting, collaborating with, and referring to appropriate members of the health care team		content index 41
2512.5 3Hv midwifery management process: providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health		content index 42

Gap Analysis Chart of Completed Academic Study

name _____

Source of Study documents (center column) may be indicated by the alphabetical letters assigned on CML-Challenge form *Academic Source Documents*. In addition, each *Source of Study* document is prepared by Midwife-Applicant to provide notation indicating where each area of content is located on the page: Use the *Content Index* number (in the right-hand column) to note on the *Academic Source Documents* where the specific academic content was learned. This form serves as a map for NMI Advisor to verify academic study.

Midwifery Practice Act of California Academic Content	Source of Study (name of school/transcript source)	Titles of Courses on Transcript with specific 2512.5 content
2512.5 3Hvi <i>midwifery management process: assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client</i>		content index 43
2512.5 3Hvii <i>midwifery management process: assuming direct responsibility for implementing the plan of care</i>		content index 44
2512.5 3Hviii <i>midwifery management process: initiating appropriate measures for obstetrical and neonatal emergencies</i>		content index 45
2512.5 3Hix <i>midwifery management process: evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately</i>		content index 46

Midwife Verifier Information

Midwife-Applicant provides NMI with basic details about the Midwife Verifier and NMI Advisor confirms that the Verifier's midwifery license (LM or CNM) is current and their authority to practice is unrestricted.

Midwife-Applicant's Name _____

Verifier's Name _____

Verifier's Phone _____

Verifier's Midwifery License

Name on License _____

Type of License _____ State _____

License Number _____

Expiration Date _____

I understand that National Midwifery Institute provides an honorarium payment of \$250 to each Verifier after confirming that the *Experience Verification* forms have been completed. I understand that payment for experience verification does not come directly from me to the Verifiers.

Midwife Applicant's Signature

Date

Physician Verifier Information

Midwife-Applicant provides NMI with basic details about the Physician Verifier and NMI Advisor confirms that the Verifier's license as physician/surgeon is current and their authority to practice is unrestricted.

Midwife-Applicant's Name _____

Verifier's Name _____

Verifier's Phone _____

Verifier's Medical License

Name on License _____

Type of License _____ State _____

License Number _____

Expiration Date _____

I understand that National Midwifery Institute provides an honorarium payment of \$250 to each Verifier after confirming that the *Experience Verification* forms have been completed. I understand that payment for experience verification does not come directly from me to the Verifiers.

Midwife Applicant's Signature

Date

CML-Challenge Program
administered by National Midwifery Institute, Inc.
P.O. Box 128, Bristol, VT 05443 phone (802) 453-3332

Midwife Verifier Agreement

Verifier's Name _____

Mailing Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Email _____

Website _____

Midwifery License Number _____ State _____

License issue date _____ License expiration date _____

I affirm my willingness to compare the Midwife-Applicant's records of care with the documentation of experience provided on the NMI CML-Challenge form **Applicant's Experience for Verification** forms, and to provide signatures and signed initials to confirm authenticity of the experiences represented in the application documentation.

I affirm that I will maintain HIPAA compliance throughout the *NMI California Midwifery Licensure Challenge Program* verification process.

I agree to uphold confidentiality regarding the testing and assessment details of the *NMI California Midwifery Licensure Challenge Program*.

I understand that NMI will provide a \$250 honorarium for my completed service as Midwifery Experience Verifier, and that no payment may be received from the Midwife-Applicant.

I, (name) _____, do hereby affirm that this document has been completed honestly.

Signature

Date

(Sample Signed Initials)

CML-Challenge Program
administered by National Midwifery Institute, Inc.
P.O. Box 128, Bristol, VT 05443 phone (802) 453-3332

Licensed Midwife Verification of Applicant Experience

When the Midwife-Applicant's experience verification is completed, indicate the totals and sign the statement below.

Number Verified Applicant's Name _____

- _____ A. Initial antepartum visits
(20 required)
- _____ B. Return antepartum visits
(75 required)
- _____ C. Labor management experiences (including births)*
(20 required)
- _____ D. Births as primary midwife*
(20 required)
- _____ E. Newborn assessments
(20 required)
- _____ F. Postpartum visits, within the first five days after birth
(40 required)
- _____ G. Postpartum/family planning/gynecology visits
(40 required)

***40 total births**

I have verified each of the primary midwifery clinical experiences listed on this form and the *Experience Verification* forms.

**All required experience occurred within ten years prior to the application date.
At least half of all required experience occurred within five years prior to the application date.**

I affirm that this document has been completed honestly.

Signature

Date

Print Name

CML-Challenge Program
administered by National Midwifery Institute, Inc.
P.O. Box 128, Bristol, VT 05443 phone (802) 453-3332

Physician Verifier Agreement

Verifier's Name _____

Mailing Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Email _____

Website _____

Physician License Number _____ State _____

License issue date _____ License expiration date _____

I affirm my willingness to compare the Midwife-Applicant's records of care with the documentation of experience provided on the NMI CML-Challenge form **Applicant's Experience for Verification** forms, and to provide signatures and signed initials to confirm authenticity of the experiences represented in the application documentation.

I affirm that I will maintain HIPAA compliance throughout the *NMI California Midwifery Licensure Challenge Program* verification process.

I agree to uphold confidentiality regarding the testing and assessment details of the *NMI California Midwifery Licensure Challenge Program*.

I understand that NMI will provide a \$250 honorarium for my completed service as Midwifery Experience Verifier, and that no payment may be received from the Midwife-Applicant.

I, (name) _____, do hereby affirm that this document has been completed honestly.

Signature

Date

(Sample Signed Initials)

CML-Challenge Program
administered by National Midwifery Institute, Inc.
P.O. Box 128, Bristol, VT 05443 phone (802) 453-3332

Licensed Physician Verification of Applicant Experience

When the Midwife-Applicant's experience verification is completed, indicate the totals and sign the statement below.

Number Verified _____ Applicant's Name _____

- _____ A. Initial antepartum visits
(20 required)
- _____ B. Return antepartum visits
(75 required)
- _____ C. Labor management experiences (including births)*
(20 required)
- _____ D. Births as primary midwife*
(20 required)
- _____ E. Newborn assessments
(20 required)
- _____ F. Postpartum visits, within the first five days after birth
(40 required)
- _____ G. Postpartum/family planning/gynecology visits
(40 required)

***40 total births**

I have verified each of the primary midwifery clinical experiences listed on this form and the *Experience Verification* forms.

**All required experience occurred within ten years prior to the application date.
At least half of all required experience occurred within five years prior to the application date.**

I affirm that this document has been completed honestly.

Signature

Date

Print Name

Applica... 's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. Initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 013
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. dates of births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 3
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor manage-
ment
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

A. initial antepartum visits

B. return antepartum visits

C. labor management experiences (including births)

D. births as primary midwife

E. newborn assessments

F. post partum visits (within the first five days after birth)

G. post partum/family planning/gynecology visits

page 61
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

	Client						
	phone						

	Client						
	phone						

	Client						
	phone						

	Client						
	phone						

	Client						
	phone						

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 63
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

A. Initial antepartum visits

B. return antepartum visits

C. labor management experiences (including births)

D. births as primary midwife

E. newborn assessments

F. post partum visits (within the first five days after birth)

G. post partum/family planning/gynecology visits

page 3 of 3
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. Initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 03
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

	Client						
	phone						
	Client						
	phone						
	Client						
	phone						
	Client						
	phone						
	Client						
	phone						

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. Initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 63
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-partum visits
B. return ante-partum visits
C. labor management experiences (including births)
D. dates of births as primary midwife
E. newborn assessments
F. post partum visits within the first 5 days
G. post partum/family planning/gynecology visits

Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

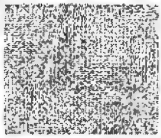


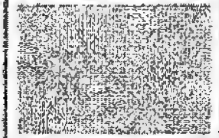

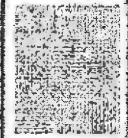

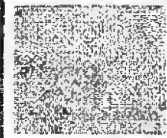
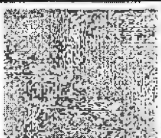




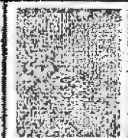










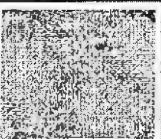




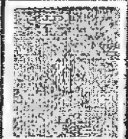

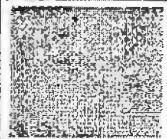



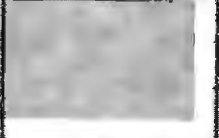




- A. Initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 913
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. dates of births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. Initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 63
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

A. initial antepartum visits

B. return antepartum visits

C. labor management experiences (including births)

D. births as primary midwife

E. newborn assessments

F. post partum visits (within the first five days after birth)

G. post partum/family planning/gynecology visits

page 63
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

	Client							
	phone							

	Client							
	phone							

	Client							
	phone							

	Client							
	phone							

	Client							
	phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

A. Initial antepartum visits

B. return antepartum visits

C. labor management experiences (including births)

D. births as primary midwife

E. newborn assessments

F. post partum visits (within the first five days after birth)

G. post partum/family planning/gynecology visits

page
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							
Client							
phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 01 of 12
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

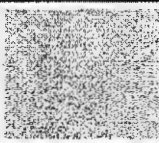








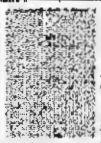

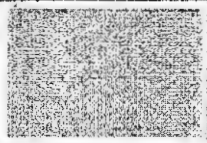




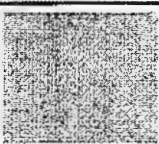


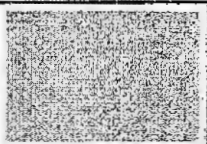

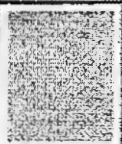







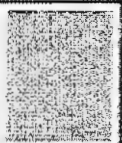





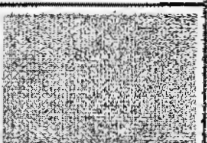

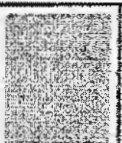

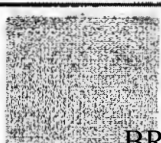
- A. Initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 03
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-partum visits
B. return ante-partum visits
C. labor management experiences (including births)
D. births as primary midwife
E. newborn assessments
F. post partum visits within the first 5 days
G. post partum/family planning/gynecology visits

	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

- A. Initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 03
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. Initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							

Applicant's Experience for Verification

Applicant's name

phone

email

address

totals
this
page

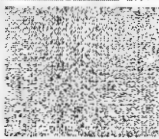




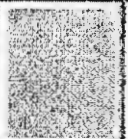


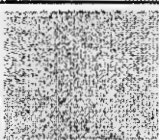







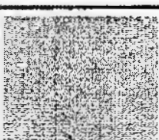
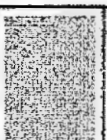

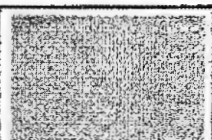

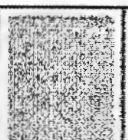


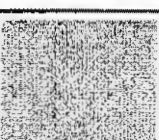




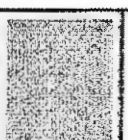


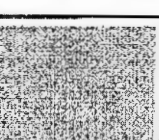







- A. initial antepartum visits
- B. return antepartum visits
- C. labor management experiences (including births)
- D. births as primary midwife
- E. newborn assessments
- F. post partum visits (within the first five days after birth)
- G. post partum/family planning/gynecology visits

page 05 of 05
Attachment 3

Number your pages: example #1 of 12
Make a copy of each page for each verifier.
Keep original for your own record.

Verifier's
Initials

A. initial ante-
partum visits
B. return ante-
partum visits
C. labor
management
experiences
(including births)
D. births as
primary midwife
E. newborn
assessments
F. post partum visits
within the first 5 days
G. post partum/
family planning/
gynecology visits

	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							
	Client							
	phone							



World Education Services, Inc.
Member since March 1987

World Education Services

WES Global Talent Bridge

WES is member of National Association of Credential Evaluation Services (NACES®)

World Education Services

International Credential Advantage Package:

- Transfer Student
 - Graduate Admission
 - Licensing
-

COURSE-BY-COURSE

View Sample Report

- Evaluation of official documents
 - Provides a U.S. equivalency for each credential
 - Lists all subjects completed at the post-secondary level
 - U.S. semester credit and grade equivalent for each course
 - U.S. grade point average (GPA) on a 4.0 scale
 - Designates the level (upper or lower) of each undergraduate course
-

WES ICAP: USD \$205

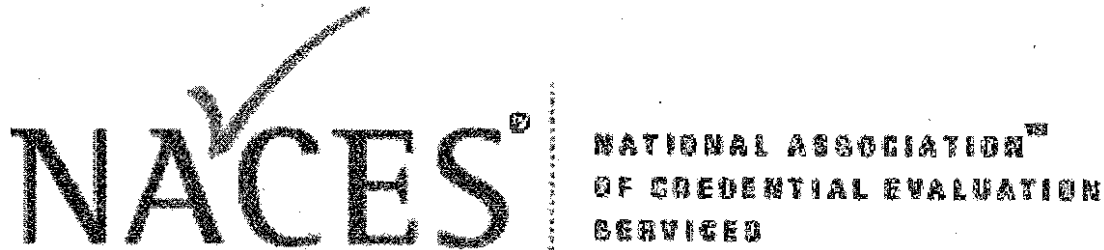
WES Basic USD \$160

Verified transcripts and evaluation report stored and ready to be sent to educational institutions.

And also

Document by Document authentication and evaluation of transcripts
(single page statement) **WES ICAP \$160 USD WES Basic \$100 USD**

**DIFFERENCE BETWEEN WES ICAP AND BASIC IS THAT ICAP IS STORED
AND CAN BE SENT TO NUMEROUS INSTITUTIONS**



NACES: Evaluation of Foreign Studies

If you have been referred to this website to have your foreign studies evaluated, select a NACES member from the list below. NACES is an association of credentials evaluation services. NACES does not provide evaluation reports; its members do.

Comparison of CML-Challenge Program with Transfer Students and Standard Enrollment Attachment 3

California Midwifery Licensure
Challenge Program

Cost of NMI Challenge Program: \$7,500
Challenge Program fees are not applied to NMI tuition if Midwife-ApPLICANT later opts to pursue graduation from NMI.

Payment for each segment:

- Step 1: \$500
- Step 2: \$500
- Step 3: \$500
- Step 4: \$2,500
- Step 5: \$2,500
- Step 6: \$1,000

NMI Challenge Program is not an educational program, no course work is provided.

Midwifery credential required for application to CML-Challenge Program.

Clinical skills and required midwifery experience are completed, documented and evaluated during completion of a formally sanctioned midwifery credential, prior to application to Challenge Program.

Prior primary midwifery experience is confirmed by Midwife-Verifier and Physician-Verifier, each paid \$250 from Challenge Program fees.

NMI Graduation
as Transfer Student

Transfer tuition ranges from \$12,200 to \$15,600, determined by record of previous experience.
Application fee \$250

Payment plan plus monthly Admin fee \$25 while enrolled.

Previous experience may allow advanced placement

Previous midwifery study may allow up to 1/3 of curriculum to be evaluated for advanced placement.

At least 2/3 of NMI curriculum is completed with faculty instructors. Students must demonstrate comprehensive application of knowledge and experience.

Students work with approved preceptors and complete clinical training. Progress is documented with NMI and students complete regular reviews with preceptors.

Midwifery skills and experience are evaluated repeatedly by approved preceptors according to national certification and accreditation standards.

Clinical experience is documented by an approved preceptor and monitored by NMI. Preceptors paid up to \$3400, included in Transfer tuition.

NMI Graduation
with Standard Enrollment

Tuition for full program: \$17,000
Tuition is not applied to MCL-Challenge Program if student later opts for Challenge Program. Application fee \$30

Payment plan plus monthly Admin fee \$25 while enrolled.

Previous experience may allow advanced placement.

Previous Heart & Hands Course Work provides advanced placement and tuition credit.

Organized curriculum is provided and students work with faculty instructors. Students must demonstrate comprehensive application of knowledge and experience.

Students work with approved preceptors and complete clinical training. Progress is documented with NMI and students complete regular reviews with preceptors.

Midwifery skills and experience are evaluated repeatedly by approved preceptors according to national certification and accreditation standards.

Clinical experience is documented by an approved preceptor and monitored by NMI. Preceptors paid up to \$3400, included in tuition.