Clinical Record Form Newlife International School of Midwifery

Student Name:

NARM requirement: 10 births as an observer

Student Role: Observer

Preceptor Supervision required: None

Birth Observations

Treceptor Supervision required. Notice							
Planned Hospital Births							
Client # or	Date of	Birth		Witness Name, Address, Email address and	Student	Witness	
Code	Birth	Setting	Your Role	Phone number	Initials	Initials	
		PH					
		PH					
			Births	as Observer in Any Setting			
(H=Home, FBC= Free-standing Birth Center, HBC= Hospital Birth Center, PH=Planned Hospital, TH=Intrapartum							
Hospital Transport, O=Other							
Client # or		Birth		Witness Name, Address, Email address and	Student	Witness	
Code	Birth	Setting	Your Role	Phone number	Initials	Initials	
☐ This is the only clinical requirement that can be done prior to enrollment, and without the direct supervision of							
a preceptor. 10 Births as an observer in any setting in any capacity (observer, doula, family member,							
friend, apprentice, etc.). Attendance may be verified by any witness who was present at the birth.							
☐ These 10 Births may take place prior to OR during enrollment at Newlife, but must be no more than 7 years prior							
to enrolling in Newlife.							

☐ Each student must attend at least 2 planned hospital births, and 5 home births at some point during training.

☐ Write clearly, list in chronological order. Fill one page before starting another.