Letter of Reference Form 101a, Personal Page 1 of 2

DearAs part of my application been asked to provide lette to my practice as a midwife NARM requires this for NARM Applications, F	rs of re :. m to be	efere e co	ence mpl	e fro	m ind	ividuals who hav	ve personal kr	nowledge	of a	and (can	attest
This letter of reference is Thank you very much.	s conf i	iden	ıtial	and	d will r	not be released t	o the applicar	nt.				
Applicant's Name:												
Applicant's Signature:												
Your Name: Professional Title (if applica							Date:					
Address:												
City:							Zip Co	ode:				
Phone Number: () _ If we feel a phone call is ne How long have you known	cessa	ry, w	hat	is a	good	I time to reach yo						
What is your association another sheet of paper, i				_		• •	is relevant to	midwifery	/? (I	Plea	ıse ı	asu
2. Please rate the applican	t's prot	fess	iona	al qu	ualities	s in the following	areas from 1-	-5 with 1	beir	ıg p	oor :	and 5
being excellent— problem-solving skills	1	2	3	4	5	good judgm	nent	1	2	3	4	5
recognizing limitations	1	2	3	4	5	tolerance		1	2	3	4	5
self confidence follow-through	1	2	3	4 4	5 5		indle stress g and listening					5 5
Comments:												

Letter of Reference Form 101a, Personal Page 2 of 2

3.	3. Do you feel the applicant has the necessary qualities and skills to be a competent mid- recommend this person? If you feel unable to judge this, please feel free to state this.	wife? Would you
4.	4. Please describe the period of time the applicant has been in practice (specifying neare	est month(s) and
	year(s) if possible) and the basis of your knowledge.	
5.	5. Is there anything you consider relevant to verifying that the applicant has been practici your community that has not already been covered? If so, describe briefly.	ng midwifery in
Ι, _	I,, do hereby affirm that the information counts herein contained concerning (name	and personal ac-
	counts herein contained concerning (name true.	e of applicant) are
Si	Signature: Date:	

Letter of Reference Form 101b, Professional Page 1 of 2

Dear					,							
As part of my application been asked to provide lette to my practice as a midwife	rs of re											
NARM requires this for	m to be	e co	mpl	etec	d and	signed. You may attac	ch additional p	age	s if	nec	ess	ary.
Mail to:	O Day	400	٠ .	umn	nortou	m TN 20402						
NARM Applications, P	О вох	. 42(J, SI	um	nertow	/II, IIN 30403						
This letter of reference is Thank you very much.	s conf i	ider	ntial	and	d will r	ot be released to the	applicant.					
Applicant's Name:							_					
Applicant's Signature:												
							_					
Your Name:							_ Date:					
Professional Title (if applica												
Address:												
City:							_ Zip Code:					
Phone Number: ()												
If we feel a phone call is ne	cessar	ry, w	/hat	is a	_ good	time to reach you?						
How long have you known		-			-							
When was the last time you												
What is your association another sheet of paper, i	with o	r kn	owl	edg	e of th	e applicant that is rel						
 Please rate the applican being excellent— problem-solving skills recognizing limitations self confidence follow-through 	-			-		_	stress			3 3 3		
Comments:												

Letter of Reference Form 101b, Professional Page 2 of 2 3. Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.

4.	Please describe the period of time the applicant has been in practice (specifying nearest month(s) and
	year(s) if possible) and the basis of your knowledge.

5. Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.

I, _______, do hereby affirm that the information and personal accounts herein contained concerning _______ (name of applicant) are true.

Signature: ______ Date: ______

Letter of Reference Form 101c, Client Page 1 of 2

Dear As part of my application been asked to provide letter to my practice as a midwife. NARM requires this forr Mail to: NARM Applications, Positive This letter of reference is Thank you very much.	rs of re n to be	efere e co : 420	ence mple), Si	e fro etec	om ind d and nertov	lividuals who have pe signed. You may atta wn, TN 38483	ersonal knowle ach additional p	dge	of a	nd o	can	attest
Applicant's Name:Applicant's Signature:												
Applicant's dignature.												
Your Name:							Date:					
Professional Title (if applica									-			
Address:								-				
City: Phone Number: () _						/State:	Zip Code: _		-			
If we feel a phone call is need the long have you known to site of Birth: 1. What is your association another sheet of paper, if	he ap	plica or kn	ant? owle	 edg	e of th	ne applicant that is re						
 Please rate the applicant being excellent— problem-solving skills recognizing limitations self confidence follow-through 	's prot	fess	iona	ıl qu	ualities	s in the following area				•		
self confidence	1	2	3	4	5	ability to handle	stress	1	2	3	4	5
follow-through Comments:												5

Letter of Reference Form 101c, Client Page 2 of 2

3.	Do you feel the applicant has the necessary qualities and skills to be a competent midwife? Would you recommend this person? If you feel unable to judge this, please feel free to state this.
	Please describe the period of time the applicant has been in practice (specifying nearest month(s) and year(s) if possible) and the basis of your knowledge.
5.	Is there anything you consider relevant to verifying that the applicant has been practicing midwifery in your community that has not already been covered? If so, describe briefly.
	counts herein contained concerning, do hereby affirm that the information and personal acturue. (name of applicant) are
Si	gnature: Date: