INTERNATIONAL REGISTRY of MIDWIVES

IRM Form 52

CIM Approval Form

We ask that you are explicit and thorough with the information you provide IRM. Your current/past certifications and education will determine if you are eligible to be approved as a CIM based on experience, education and years in practice.

Please complete and submit this form.

Last Name:	***Middle Name:***	***First Name:***
DOB: ***mm/dd/yyyy***	***Are you Certified?*** ***☐ YES ☐ NO***	***Name of Certification:***
Are you licensed? ***☐ YES ☐ NO***	***Which jurisdiction are you licensed in?***	***# of years licensed:***
# of years as a Midwife:	***# of total births***	***# of multiple births***
# of breech births	***# of assisting births***	***# of births in developing nation***

Mailing Address:	***City:***
State:	***Zip Code:***
Cellular #	***Email Address:***

List of past and current certifications in chronological order. We ask you to include all medical related certifications.

Certification Name:	***Year Issued: Year Expired:***	***Certification Name:***	***Year Issued: Year Expired:***
1.		*9.*	
2.		*10.*	
3.		*11.*	
4.		*12.*	
5.		*13.*	
6.		*14.*	
7.		*15.*	
8.		*16.*	

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Certification Name:	***Year Issued:*** ***Year Expired:***	***Certification Name:***	***Year Issued:*** ***Year Expired:***
17.		*22.*	
18.		*23.*	
19.		*24.*	
20.		*25.*	
21.		*26.*	

Please provide us with 3 professional references:

Name of Professional Reference:	***Cellular #*** ***Email Address:***

*****Midwifery Resume must be submitted at the same time as this form.*****

*Upon completion please submit this form **WITH** your professional resume to:*
test@internationmidwife.org