

Welcome to the CIM Bridge Application

Thank you for your interest in becoming a Certified International Midwife, as a bridge Midwife board applicant. We are excited that you have decided to expand on your current credentials and chosen to join us on our mission to improve Global Maternal Child Health.

The following pages include all of the forms necessary for the CIM Bridge Application, we have also included a checklist for your reference. We require this packet to be completed upon submission.

Please direct all questions and submit completed packet to: info@internationalmidwife.org

Checklist:

75 primary births

25 of the primary births must have continuity of care spanning 3 trimesters and the postpartum/postnatal period.

7 of the 75 births are required to be in a low resource setting.

4 births are required to be OOH

20 hours of breastfeeding support

Note:

- **Random audits** are performed, you must have **charts for all 75 births** you registar.
- Must be the primary midwife for all 75 births..



CIM Bridge Application

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 for the CIM Bridge certification.

Please complete and submit this form.

| Last Name: | Middle Name: | First Name: |
|----------------------------------|--|---|
| DOB: mm/dd/yyyy | Circle all that apply: Certified Licensed | Name of Certification/license: |
| # of years as a Midwife: | # of total births: | # of births certification required: |
| # of births since certification: | # of births as primary since certified: | <i># of births in developing nations:</i> |

| 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. | | |



IRM requirements are listed below. Please provide us with the necessary documentation in the form of client charts. All charts submitted must be dated after you obtained certification/licensure. Charts must be complete, have personal client information redacted and prove continuity of care.

Total Births: 75 **Birth - Primary Role:** 50 **Birth - Continuity of Care:** 25

| Chart # | Client code: |
|------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| 1. | | 2. | | 3. | | 4. | |
| 5. | | 6. | | 7. | | 8. | |
| 9. | | 10. | | 11. | | 12. | |
| 13. | | 14. | | 15. | | 16. | |
| 17. | | 18. | | 19. | | 20. | |
| 21. | | 22. | | 23. | | 24. | |
| 25. | | 26. | | 27. | | 28. | |
| 29. | | 30. | | 31. | | 32. | |
| 33. | | 34. | | 35. | | 36. | |
| 37. | | 38. | | 39. | | 40. | |
| 41. | | 42. | | 43. | | 44. | |
| 45. | | 46. | | 47. | | 48. | |
| 49. | | 50. | | 51. | | 52. | |
| 53. | | 54. | | 55. | | 56. | |
| 57. | | 58. | | 59. | | 60. | |
| 61. | | 62. | | 63. | | 64. | |
| 65. | | 66. | | 67. | | 68. | |



| Chart # | Client code: |
|------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| 69. | | 70. | | 71. | | 72. | |
| 73. | | 74. | | 75. | | | |

Birth Requirements:

- 75 primary births minimum
- 25 continuity of care spanning 3 trimesters and postpartum
- 7 of the 75 births must be in a low resource setting
- 4 of the 75 births must be OOH

Write chart numbers of births that took place in low resource setting:

| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
|----|----|----|----|----|----|----|
| | | | | | | |

Write chart numbers of births that took place in OOH setting:

| 1. | 2. | 3. | 4. |
|----|----|----|----|
| | | | |



Breastfeeding Support Hours

| Date support was provided: | Amount of time support was given for: | Comments about support given: |
|----------------------------------|---|-------------------------------|
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Total time logged: _____



Please provide us with 3 professional references:

| # | Name of Professional Reference: | Cellular # | Email Address: |
|----|---------------------------------|------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Must be submitted with Application:

- General Section Examples: national ID, passport or driver's license
- Midwifery certification
- □ Midwifery license if applicable
- Redacted client charts
- Headshot photo

**<u>Please allow 2 weeks for processing. You will be contacted via email if IRM has any questions</u> concerning your application.

<u>Upon approval of your application, you will receive an email and electronic invoice for the exam</u> <u>fee. Once full payment has been received, your exam will be scheduled.</u>**