



**National Midwifery Institute**  
*Clinical Form - Full Continuity of Care*

Student Name \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Client Code \_\_\_\_\_

Prenatal Exam #1 Date \_\_\_\_\_

Prenatal Exam #2 Date \_\_\_\_\_

Prenatal Exam #3 Date \_\_\_\_\_

Prenatal Exam #4 Date \_\_\_\_\_

Prenatal Exam #5 Date \_\_\_\_\_

# of Additional PN Exams \_\_\_\_\_

Date & Time  
of Birth \_\_\_\_\_

Date & Time  
of NB Exam \_\_\_\_\_

Postpartum Exam #1 Date \_\_\_\_\_

Postpartum Exam #2 Date \_\_\_\_\_

# of Additional PP Exams \_\_\_\_\_

***Please note:***

*Continuity of Care: at least 1 prenatal visit (in assist or primary role), plus birth (in primary role): need minimum 10 for graduation. These are included in the 25 primary birth minimum.*

*Full Continuity of Care: at least 5 prenatal visits spanning at least 2 trimesters, birth, newborn exam, and at least 2 postpartum exams between 24hrs and 6wks, all in primary role: need minimum 5 (in addition to above 10 Continuity of Care) for graduation. These are included in the 25 primary birth minimum.*

*All required minimum clinical experience must occur within the last 10 years from NARM application date and graduation.*

*Students are required to use client codes (not names) on all experience documentation. Clinical experience documentation with client names will be returned to the student for resubmission.*

*Should you have any further questions, please contact the Clinical Director of NMI.*

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*All form fields are required\*\*\***