

MEAC-Accredited Programs and Institutions

Continuity of Care Documentation for NARM Requirements

Student Name _____ Last 4 Digits of SSN# _____

For the individual client recorded on this form, the MEAC student provided care as the primary under supervision for the following: 5 complete prenatal exams spanning at least 2 trimesters, the birth (labor, birth, immediate postpartum exam, newborn exam), and 2 complete follow-up postpartum exams all as the primary under direct supervision. The preceptor must meet the minimum qualifications established by MEAC and must have been present in the room for all items the preceptor signs. Student and preceptor initials must be entered at or near the time of the clinical experience. The client's chart must contain evidence that the client authorized release of her records, with assurance that the records would not contain personal identity and corroborate all of the information provided below. Client charts must be made available when requested by the school or NARM to verify the student's educational experiences.

Client Code ¹		Student Initials	Preceptor Initials
Prenatal Exam 1 Date			
Gestational Week			
Prenatal Exam 2 Date			
Gestational Week			
Prenatal Exam 3 Date			
Gestational Week			
Prenatal Exam 4 Date			
Gestational Week			
Prenatal Exam 5 Date			
Gestational Week			
Birth Date and Time			
Birth Site ²			
Notes regarding outcome, complications, transfers, etc.			
Preceptor Arrival Date and Time			
Preceptor Departure Date and Time			
Student Arrival Date and Time			
Student Departure Date and Time			
Explanatory note if preceptor did not arrive before and/or depart after the student			
Newborn Exam Date and Time			
Postpartum Exam 1 Date (must be 24 hours after the birth)			
Postpartum Exam 2 Date (must be 24 hours after the birth)			

¹ Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.

² Birth site: HM = Home; FBC = Freestanding Birth Center; HBC = Hospital Birthing Center; H = Hospital; O = Other (car, outside, etc.).

MEAC-Accredited Programs and Institutions Continuity of Care Documentation for NARM Requirements

Student Name _____ Last 4 Digits of SSN# _____

Each supervising preceptor who initials this form must complete the following:

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____

Preceptor Name (print legibly) _____

Preceptor Signature _____

Preceptor Initials _____