

ACNM Self Reporting Form (SRF) For Completion of CCA Cycle

Name: _____ Certification #: _____

Primary address: _____

Primary phone: _____

Email address: _____

Please check the option that applies:

(Option I) The National Exam of the American Midwifery Certification Board (AMCB) formerly ACNM Certification Council (Initial certification does not count toward the CCA Program).

Did you pass? Yes No What year did you take the exam? _____

(Option II) Accrual of 50 contact hours/5 continuing education units (CEUs) of ACNM approved or ACCME Category I activities.

I verify that this is an accurate and true representation of my continuing competency activity in compliance with requirements of the ACNM Continuing Competency Assessment Program.

Signature

Date

Acceptable Alternatives in Lieu of CEU (applies only to Option II)

Each of the eight alternatives may be used only once during your five year cycle. All activities must have been completed during your five-year cycle.

1. Completion of a formal University or College course directly related to midwifery practice.

(Recognition in lieu of 10 contact hours/1.0 CEU)

Institution: _____

Title: _____

Dates attended: _____ Course number: _____ Final Grade: _____

2. Formal presentation on midwifery and women's health related clinical topic that has received ACNM CEU approval.

(Recognition in lieu of twice the number of contact hours awarded by ACNM not to exceed 10 contact hours/1.0 CEU)

Presentation Title: _____

Program Sponsor: _____

Date presented: _____ Length in minutes: _____ ACNM Program #: _____

3. Primary author of a chapter in a peer reviewed textbook relevant to midwifery and women's health.

(Recognition in lieu of 10 contact hours/1.0 CEU)

Textbook: _____

Author(s): _____

Chapter: _____

Date of Publication: _____

4. Primary author on publication of a midwifery and women's health related clinical topic in a refereed journal.

(Recognition in lieu of 10 contact hours/1.0 CEU)

Title: _____

Author(s): _____

Journal: _____

Volume #: _____ Date of Publication: _____ Pages: _____

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5. Peer review of an article for a refereed journal, relevant to midwifery and women's health.
(Recognition in lieu of 1.5 contact hours/.15 CEU)

Title: _____
Author(s): _____
Journal: _____
Date of Publication: _____

6. Peer review of a textbook chapter, relevant to midwifery and women's health,
(Recognition in lieu of 1.5 contact hours/.15 CEU)

Title: _____
Author(s): _____
Chapter: _____
Date of Publication: _____

7. Participation as a reviewer in a local chapter peer review of a practice setting midwifery peer review process. *(Recognition in lieu of 10 contact hours/1.0 CEU)*

Date: _____ Chapter or Group: _____

8. Provided direct clinical supervision as a preceptor to a student nurse-midwife (SNM) or student midwife (SM). *(Recognition up to 10 contact hours (1.0 CEU) for 90 hours spent precepting over 5 year cycle. 9 hours spent precepting is equivalent to 1 contact hour (0.1 CEU).*

Midwifery education program: _____
Faculty coordinator name & credentials: _____
Facility where preceptorship took place: _____
Dates: _____ # of Hours: _____

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Dates: _____ # of Hours: _____

***Please do not email form! Please send by fax: (240) 485-1818 or by mail to:
ACNM Continuing Education Coordinator
8403 Colesville Road, Suite 1550, Silver Spring, MD 20910***

ACNM Self-Reporting Form CEU Accrued

Name: _____ Certification #: _____ CCA Cycle: _____

Email: _____ Phone #: _____

Please make additional copies of this page as needed. The ACNM program number should be on the certificate issued by the program sponsor. If the program number is not on the certificate, please contact the program sponsor for this information. ACCME Category I hours do not have an ACNM program number.

**Nursing hours do not meet the requirements of the CCA Program.*

Date Activity Completed	Program Title	Sponsor	ACNM Program Number	ACNM Contact hours/ CEUs	ACCME Hours Category I
Totals=					