



# Global Organization of Midwives

Certified Community Midwife  
(CCM)

Applied Practicum Program  
(APP)

## Guidelines and Application

## **Mission Statement**

The Global Organization of Midwives (GoMidwife) exists to see birth workers equipped and released throughout the nations to teach and serve women during the childbearing years in rural, crisis and developing situations. Our focus is to use birth work as a tool to restore dignity, decrease mortality and express perfect love.

We have a passion to raise up midwives, birth practitioners, and educators to work in rural environments throughout the world. Our focus is to train those who go to the field in order to teach those already in the field. One of the greatest crises facing our day is the mortality rate of mothers and babies throughout the world; if we can better educate, train and equip midwives we will see improved outcomes and increased life. It is our desire is to see women trained up, confident and competent in the natural process of pregnancy, birth and the postpartum period willing to spend their lives to see change effected in our generation.

## **What is a Certified Community Midwife (CCM)**

A Certified Community Midwife is a midwife specifically trained to work in developing nations and to educate midwives in the most rural and crisis situations in order to improve maternal and child mortality factors throughout the world.

## **Modules of Midwifery (MOM)**

GoMidwife offers a direct entry program of study for women who want to become midwives and who live, or want to serve, in the developing world. Our program consists of the Modules of Midwifery core course which is a 24 week introductory didactic program, a 12 month practicum placement to gain clinical experience and 6 months of a continued education which can be completed simultaneously during the final 6 months of the practicum. To complete our program each candidate must demonstrate core values and competencies and pass a written (or oral) examination.

## **Applied Practicum Program (APP)**

The Applied Practicum Program includes the clinical components required to become a Certified Community Midwife (CCM). GoMidwife requires the Applied Practicum Program (APP) to fulfill the minimum 12 month in-field placement requirement for international experience and training under an approved supervisor. During the APP portion of our program each student will:

- Work alongside an approved preceptor
- Fulfill the residency hour requirements
- Demonstrate core skill competencies
- Act in the capacity as a primary caregiver
- Participate in peer review and debrief sessions
- Complete form and curriculum development

## **Modules of Midwifery Continued Educational Program (MOM-CEP)**

There are three different approaches to becoming a CCM:

1. Complete the MOM, APP and CEP segments of the program
2. Enroll in and complete the midwifery major courses at Pontus University and then the clinical portion of APP
3. If you are already a CPM, CNM, CM, or LM in good standing you can show your certification, take the Pontus University field-based courses and the CCM examination

The APP process requires a compilation of residency hours, experiential qualifications and continuity of care. **At no time will a student in the APP program act as a passive observer.** Birth is a most intimate time in the life of a woman, and observation can inhibit labor. By the time the practicum begins you will have enough knowledge and understanding to take an active role in the labor and birth process and if in attendance must actively participate. The practicum is meant to be a time of putting skills into practice and therefore you need to always have a predefined role for each situation in which you are participating be it a prenatal visit, birth or educational class.

## Experience Requirements for the APP

A minimum of 1,500 documented and corroborated hours under the supervision of a recognized, qualified and approved supervisor and in no less than a 12 month period of time are required. All clinical experience hours must be obtained overseas at an approved location. **Hours are defined as participatory** and at no time should hours be counted when work is not done. For example: if a mother comes into the clinic at 8 pm in early labor, she lives 3 hours away and has walked to the clinic, you and your supervising staff decide to put her to bed, you also go to bed and are only awakened at 4 am when she begins active labor, these hours from 5 pm - 4 am do not count as active or participatory hours. Hours should be counted only under supervision and while conducting maternal or newborn care. The clinical hours must be as follows:

**Well Woman** 100 competent, participatory or managed, documented hours

**Prenatal Care** 300 competent, participatory or managed, documented hours

**Continuity Care** 200 competent, managed, documented hours

**Active Labor and Birth PARTICIPANT** 300 competent, participatory, documented hours

**Active Labor and Birth MANAGEMENT** 300 competent, management, documented hours

**Postpartum** 100 competent, participatory or managed, documented hours

**Newborn Care** 100 competent, participatory or managed, documented hours

**Newborn Examination** 50 competent, managed, documented hours

**Educational and Counseling** 50 competent, participatory or managed, documented hours

**We define participation hours as follows:** having an active role in the support of the labor and birth process, during prenatal or postpartum visits, assessing newborns or educational and counseling hours. Participation includes, but is not limited to: conducting prenatal visits, conducting postpartum visits, conducting well-woman visits, labor sitting, comfort measures, maternal vital signs, FHT, contraction assessments, cervical examinations, perineal support and stage 2 support.

**We define management hours as follows:** taking primary responsibility for the care of a woman during labor, birth and the immediate postpartum period, including newborn care.

**We define documented hours as follows:** hours under supervision during well-woman, prenatal, educational, labor, birth, newborn or the postpartum period where you actively participated or managed the care of a mother or newborn with competency.

## Requirements

- Fill out and submit Application, Form CCM-100
- Submit copy of MOM course completion certificate, Pontus University online equivalent, or current CPM, CNM, CM, or LM certification
- Submit copy of current CPR certification
- Submit copy of current NRP certification
- Submit Supervised Prenatal Clinical Hours, Form CCM-200
- Submit Supervised Well Woman Clinical Hours, Form CCM-201
- Submit Supervised Active Labor and Birth Clinical Hours, Form CCM-202P
- Submit Supervised Active Labor and Birth Clinical Hours, Form CCM-202M
- Submit Supervised Postpartum Clinical Hours, Form CCM-203
- Submit Supervised Newborn Clinical Hours, Form CCM-204
- Submit Supervised Newborn Examination Hours, Form CCM-205
- Submit Supervised Continuity of Care Hours, Form CCM-206
- Submit Supervised Counseling and Educational Hours, Form CCM-207
- Submit Standard of Midwifery Competency, Form CCM-208
- Submit *The Practical Skills Guide for Midwifery* completed
- Submit Supervisor Verification, Form CMM-209
- Submit Declarations Statement, Form CMM-210
- Submit \$800 certification, examination and processing fee

Form CCM-100 Certified Community Midwife Application

1. Applicant Name:

Attach Current  
Passport  
Photo Here

\_\_\_\_\_  
Last Name First Name Middle Name

2. Current Mailing Address:

\_\_\_\_\_  
Street City State Country

3. Current Contact Information

\_\_\_\_\_  
E-Mail Cell Phone Number

4. Have you ever been accused of or prosecuted for a crime? Yes No

If yes, please explain in detail. If you need additional space include on a separate piece of paper, sign, date and enclose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date of Birth: \_\_\_\_\_  
Month Day Year

6. Date and Place of MOM Course completion

\_\_\_\_\_  
Beginning Date End Date State Country

7. Name of Course Instructor

\_\_\_\_\_  
Last Name First Name

8. Date and Place of Clinical Placement and Apprenticeship

\_\_\_\_\_  
Beginning Date End Date State Country

GoMidwife reserves the right to audit all applications.

## FORM CCM-200 Supervised Prenatal Clinical Hours

### 300 Contact Hours

page \_\_\_ of \_\_\_

Contact hours are considered as hours spent interacting and participating with competence in prenatal education, exams, assessment and routine visits. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Supervised hours are considered hours spent** interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

Date	Number of Hours	Client Code	Supervisory Initial	Competency and Description of Care



**Form CCM-201 Supervised Well Woman Clinical Hours**

**100 Contact Hours**

page \_\_\_ of \_\_\_

Contact hours are considered as hours spent interacting and participating with competence in well woman care, exams, assessment and routine visits. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Supervised hours are considered hours spent** interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

Date	Number of Hours	Client Code	Supervisory Initial	Competency and Description of Care

## Form CCM-202P Supervised Active Labor and Birth Clinical Hours

### 300 Contact Hours PARTICIPANT

page \_\_\_ of \_\_\_

**Contact hours are considered as hours spent** interacting and participating with competence in active labor and birth, exams, assessment and routine care. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Participant is defined** as having an active role in the support of the labor and birth process. Participation includes, but is not limited to: labor sitting, comfort measures, maternal vital signs, FHT, contraction assessment, cervical examination, perineal support and stage 2 support.

**Supervised hours are considered hours spent** interacting and participating with competence with mothers and families during the labor and birth process in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

Date	Number of Hours	Client Code	Supervisory Initial	Competency and Description of Care

**Form CCM-202M Supervised Active Labor and Birth Clinical Hours**

**300 Contact Hours MANAGEMENT**

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Contact hours are considered as hours spent interacting and participating with competence in active labor and birth, exams, assessment and routine care. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Management is defined as** taking the primary care role under supervision. This is stipulated as making assessment and diagnostic decisions in collaboration with the supervising preceptor. The management role will also be in charge of any assistants in the room and the roles in which they participate. Management of care must be diagnostic and decision based with the preceptor taking point only in an emergency which cannot be handled alone or at the detriment to the mother or baby.

**Supervised hours are considered hours spent** interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

<b>Date</b>	<b>Number of Hours</b>	<b>Client Code</b>	<b>Supervisory Initial</b>	<b>Competency and Description of Care</b>

**Form CCM-203 Supervised Postpartum Clinical Hours**

**100 Contact Hours**

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Contact hours are considered as hours spent observing, interacting and participating with competence in immediate postpartum, extended postpartum, exams, assessment and routine care. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Postpartum is define** as the period following the birth until 6 weeks.

**Supervised hours are considered hours spent** observing, interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact.

Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

<b>Date</b>	<b>Number of Hours</b>	<b>Client Code</b>	<b>Supervisory Initial</b>	<b>Competency and Description of Care</b>

**Form CCM-204 Supervised Newborn Clinical Hours**

**100 Contact Hours**

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Contact hours are considered as hours spent observing, interacting and participating with competence in immediate newborn assessment, exams, extended newborn assessment and routine care. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Supervised hours are considered hours spent** observing, interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

<b>Date</b>	<b>Number of Hours</b>	<b>Client Code</b>	<b>Supervisory Initial</b>	<b>Competency and Description of Care</b>

## Form CCM-205 Supervised Newborn Examination Hours

### 50 Contact Hours

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Contact hours are considered as hours spent observing, interacting and participating with competence in immediate newborn assessment, exams, extended newborn assessment and routine care. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Supervised hours are considered hours spent** observing, interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact.  
Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

Date	Number of Hours	Client Code	Supervisory Initial	Competency and Description of Care

# Form CCM-206 Supervised Continuity of Care Hours

## 200 Contact Hours

page \_\_\_ of \_\_\_

Contact hours are considered as hours spent observing, interacting and participating with competence in immediate newborn assessment, exams, extended newborn assessment and routine care. Competency and Description of Care must document a variance of skill and care. These hours can be documented on any other form.

**Continuity of Care is defined** as continued care of a client. These hours can be documented on other forms including the prenatal, birth, postpartum and newborn forms. Continuity is the walking through the pregnancy, birth and postpartum process with a mother and should include no less than 3 prenatal visits, the birth, as well as the newborn and postpartum period.

**Supervised hours are considered hours spent** observing, interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

Date	Number of Hours	Client Code	Supervisory Initial	Competency and Description of Care

**Form CCM-207 Supervised Counseling and Educational Hours**

**50 Contact Hours**

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Contact hours are considered as hours spent observing, interacting and participating with competence in immediate newborn assessment, exams, extended newborn assessment and routine care. Competency and Description of Care must document a variance of skill and care. These hours cannot be documented on any other form.

**Supervised hours are considered hours spent** observing, interacting and participating with competence mothers and families in the presence of a skilled, trained and approved supervisor.

A **client code** is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

<b>Date</b>	<b>Number of Hours</b>	<b>Client Code</b>	<b>Supervisory Initial</b>	<b>Competency and Description of Care</b>



## **How to use this application**

- Please ensure that you write legibly in black ink or type in each required blank/box. Do not use any white out on the forms. If you make a mistake, draw a single line through the error, have the preceptor initial the error, and then write the corrected information.
- This form intentionally uses large boxes and blanks for you to write in. If you need more room you may photocopy these forms and use the additional pages. If you do this, please ensure you enter the correct page number at the top of each page in the blanks provided.
- Only submit original copies of your application. It is your responsibility to make a copy for your own records.
- Only submit one birth or entry per line. Each entry needs its own box/line.

I, \_\_\_\_\_, do agree and testify that the applicant, \_\_\_\_\_,  
Supervisor Applicant Name

has conducted and satisfactorily completed all of the skills in the *Practical Skills Guide for Midwifery*. I have witnessed these skills as a supervisor and attest that the applicant is competent in each of them and has mastered the skills so as to understand and perform them correctly in a variety of situations. I understand that any skills in the *Practical Skills Guide for Midwifery* that I have signed or initialed have been personally witnessed by me and that any other initials or signatures in the *Practical Skills Guide for Midwifery* must be accounted for by that signatory in a separate CMM-205a form.

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**Signature of Applicant**

**Date**

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**Signature of Supervisor**

**Date**

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**Notary Seal**

**Notary Signature**

**Date**



**Form CMM-210    Declarations Statement**

I \_\_\_\_\_ declare that I have truthfully and to the

**Print Full Name**

best of my knowledge answered all questions completely and honestly. I further attest all work and subsequent documentation was completed accurately, honestly, by myself and no other. All documented hours can be verified by a recognized, qualified and approved supervisor. I agree all hours are accurate and all information forthright. All information included in this application has been verified by me and I understand that any misrepresentation or falsehood can be grounds for a rejection of this application and/or a forfeiture of my certification with the Global Organization of Midwives.

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**Signature of Applicant** **Date**

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**Notary Seal** **Notary Signature** **Date**