## Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

LicensE Portal: <a href="https://license.wi.gov/dsps@wisconsin.gov/http://dsps.wi.gov">https://dsps.wi.gov</a>

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

## LICENSED MIDWIFE

## REQUEST FOR VERIFICATION OF PRECEPTORSHIP – APPRENTICE RELATIONSHIP

The parties listed below authorize the North American Registry of Midwives (NARM) to send notice to the Department of Safety and Professional Services in Wisconsin that both have entered into a Preceptor-Apprentice Relationship with the intent to obtain the didactic and clinical training for the Certified Professional Midwife credential. It is agreed by both parties that if the Preceptor-Apprentice Relationship should terminate, it will be the responsibility of the Preceptor to notify the appropriate person in the Department of Safety and Professional Services.

Applicant Information:			
Last Name	First Name	MI	Former / Maiden Name(s)
Address (street)	(city)	(state)	(zip code)
E-mail Address:		Application Number	er:
Daytime Phone Number:		Date of	Birth:
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Check the appropriate category of Pr	eceptor qualification: LPM	CNM and/or li	censed by the state of
Preceptor Information:			
Last Name	First Name	MI	Former / Maiden Name(s)
Address (street)	(city)	(state)	(zip code)
E-mail Address:			
E-mail Address:			
Daytime Phone Number:	de a digital signature, print and sign	form.)	Date
E-mail Address:  Daytime Phone Number:  Preceptor Signature (If unable to prove	ide a digital signature, print and sign	form.)	Date

#3194 (Rev. 5/18/2022)
Wis. Stat. ch. 440