

American Midwifery Certification Board
849 International Drive, Suite 120
Linthicum, MD 21090

Phone: 410-694-9424 • Fax: 410-694-9425 • Web Site: www.amcbmidwife.org

Greetings!

Thank you for your interest in participating in the Exam Program of the American Midwifery Certification Board (AMCB). Your interest in volunteering to ensure the continued quality of practitioners in your profession is to be commended.

You will be asked to indicate the activities of interest to you as well as your willingness to travel to committee meetings. There are three primary types of exam program activities: initial item writing, exam construction, and pass point. Please note that some activities can be performed at home and that travel is not obligatory, except for exam construction which requires at least one 3 1/2-day trip per year. Travel expenses are paid by AMCB.

In addition to the Consent to Serve and Confidentiality Affidavit, please complete the following forms:

- 1) Exam Application.
- 2) Exam Program Activities: Indicate which exam program activities are of interest to you and are feasible given your other life commitments.
- 3) Item Writing and Review Preferences: Indicate your preferred content areas for writing and reviewing items.

Kindly also: 1) enclose a current resume or CV, 2) provide the names and contact information for three professional references, and 3) feel free to attach a letter or statement of interest. References will be asked to attest to your ability to contribute to the exam program as well as abide by its security requirements.

Please return all items to:

Rebecca Koskovich
Certification Manager
American Midwifery Certification Board
849 International Drive, Suite 120
Linthicum, MD 21090
rkoskovich@amcbmidwife.org

Thank you again for your interest in this most important mission. Please feel to contact me if you have any questions or if I can help in any way. I look forward to hearing from you in the near future.

Sincerely,
Carrie D. Bright
Chief Executive Officer

E-Mail: cbright@amcbmidwife.org

American Midwifery Certification Board

EXAM PROGRAM APPLICATION

PLEASE print clearly.

Name _____

Address (home) _____

E-mail: _____ @ _____

Telephone (home) _____ (work) _____

(mobile) _____ (fax) _____

Basic Midwifery/Nurse-Midwifery Program: _____

Date of Graduation: _____ Certification Date: _____

Credential awarded: CNM CM

Highest Academic Degree: Baccalaureate Masters Doctorate

A.C.N.M. Membership status: _____ Active _____ Associate _____ Student _____ Life _____ N/A

Region: _____

Have you ever been convicted of a felony in any state or jurisdiction of the U.S. or its territories, and/or has your health professional license (current or prior) ever been limited, suspended, or revoked in any state or jurisdiction of the U.S. or its territories, and/or are you currently under investigation, or have you ever been disciplined or convicted for the past or current unauthorized practice of professional midwifery?

No Yes **If yes, attach documentation**

To help ensure that the participants in the AMCB Exam Program reflect the composition of the profession, please provide the following information:

WORK SETTING: (Check All Which Apply)

Office/Clinic Work Only

Hospital Practice

Birthing Center Practice

Home Birth Practice

Years of Clinical Experience: _____

PRIMARY AREAS OF CLINICAL PRACTICE: (Check All Which Apply)

- Full Scope
- Antepartum
- Intrapartum
- Postpartum
- GYN
- Primary Care
- Care of the Neonate

ACADEMIC FACULTY:

Are you currently on the academic faculty of a midwifery program? No Yes

Please specify the program: _____

Briefly describe your role as a faculty member (clinical faculty from institution, full-time faculty, etc.):

DEMOGRAPHICS: To Ensure Proper Representation

Sex: _____ Race: _____

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EXAM PROGRAM ACTIVITIES

Please indicate which of the following are responsibilities are compatible with your interest and available time for participation:

- _____ 1. **Service on the AMCB Item Writing Sub-Committee**
Write draft multiple-choice questions. Generally, you will be asked to write 10-15 items which address needed content areas. Each item should be supported by 2 recent references. As much as possible, your assignment will be within the areas of interest you have outlined, however, you may be requested on occasion to formulate items for other content areas. This activity is performed at home and could occur 1-3 times a year.
- _____ 2. **Service on the AMCB Exam Construction Committee**
- a. Review a draft of an exam. You would be expected to “take” the exam (answer sheet is provided) to identify any items which seem to be ambiguous or for which the content seems inaccurate. This exercise generally requires 2-4 hours and could occur 1-3 times a year.
 - b. Participate in post-exam review. You will review a copy of the exam, as well as a copy of candidate comments and a summary of exam performance for each item. You would be expected to review items which did not perform well statistically or those for which candidates seemed to indicate valid concerns.
 - c. Attend at least one 3 ½ day meeting in Maryland per year. During the meeting, you will be expected to assist with editing of exam questions, writing new questions for selected content areas, and determining through group consensus a score for each item which acknowledges the sophistication of each of the item’s distractors.
- _____ 3. **Service on the AMCB Pass Point Sub-Committee**
- a. This sub-committee will participate in passing point studies to produce pass points for new examination forms that are developed based on test specifications resulting from task analysis studies. This activity is performed at AMCB headquarters once every five years.
 - b. A criterion-referenced pass/fail standard for a base test form will be identified by committee members and the Test Consultant(s) for review and approval by the AMCB. The standard will be translated to the Rasch scale on the base form. The Rasch-based standard will then be applied to the other test forms, and the raw-score equivalent will be determined on each equated form.

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ITEM WRITING AND REVIEW PREFERENCES

Name: _____ Date: _____

(Please print)

Please check off the boxes to indicate your preferred content areas for item writing and/or review. If you prefer, you can prioritize them by writing numbers.

	<u>Prefer</u>	<u>Can do in a pinch</u>	<u>Cannot do</u>
Antepartum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrapartum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: