American Midwifery Certification Board, Inc.
(The Corporation)

Policies and Procedures Manual

November 2026

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Section 1. General Policies

I. Election of Officers, Committee Chairpersons and other Directors

A. The President shall make public announcement of available positions no later than the first quarter of the final year of the incumbent's term of office.
B. The President shall appoint an ad hoc Nominating Committee of at least two members of the Board by July 1 of each year as needed.
C. By October 1, potential candidates shall submit a completed application to the Corporation's office. Completed applications shall be forwarded to the Nominating Committee.
D. The Nominating Committee shall prepare a slate of candidates for election by a simple majority of the Board by the end of the calendar year.

II. Appointment of Committee Members

A. The CEO shall make announcement of opportunities for committee appointment publicly on the organizational website, through social media, and other public forums. Nomination for appointment may be by individuals themselves, current committee members, committee chairpersons, or board members.
B. A term of appointment shall be three years with a maximum of two consecutive terms. After the second term, a member is not eligible for reappointment as a member of the same committee for at least one year. A member of a committee may be appointed to chairperson for an additional two terms.
C. Composition of committees
    1. At least two-thirds of the members of all committees shall be certified nurse-midwives or certified midwives. (Exception: Finance and Public Relations Committees)
    2. Committee membership should reflect the diversity of the profession where appropriate and as much as possible.
    3. A member of the Research Committee shall not hold a position on any Exam Committee or Sub-Committee at the same time and vice versa
    4. No more than 1/3 of a sub-committee shall be members of the parent committee.
D. Qualifications for committee membership
    1. Minimum education of a master's degree and/or evidence of academic or experiential knowledge relevant to the committee's function.
E. Potential candidates shall submit a completed application to the Corporation's office no later than October 1 for committee appointments available the following January. Completed applications shall be forwarded to the appropriate committee chairperson.
F. Committee chairpersons shall present a roster of recommended committee appointments to the Board each year for approval/vote. The roster shall minimally

include the qualifications of the candidates and a rationale for how the candidates complement the existing committee membership.

III. Committee Responsibilities

A. Credentials, Administration and Reporting Committee (CAR)

1. The Candidate Handbook contains the operating procedures for
    a. the credentialing of candidates
    b. the administration of the examination and preparation of results to candidates
    c. the policies for certificate maintenance
2. The Handbook should be reviewed once a year or as needed with the appropriate staff member and recommendations for changes should be presented to the Board of Directors.
3. This committee is also responsible for handling candidate concerns regarding eligibility, the application process, administration of the exam, or ADA as needed. When a resolution to any of these is not clearly delineated then the concern should be brought to the Executive Committee for review and recommendations.
    a. Requests are received by the staff and discussed with PSI to verify that the request can be met
    b. Request and PSI response is then forwarded to Committee Chair for review
    c. Decisions are communicated to staff who then acts as liaison of decision to PSI and candidate
4. The Chair of the Committee is responsible for
    a. recommending committee members for appointment as needed
    b. assuring the Conflict of Interest and Confidentiality Agreement are signed by all attendees at every face-to-face meeting
    c. delivering a short, written report for each AMCB Board of Directors meeting and as requested by the President

B. Certificate Maintenance Program Committees (CMP)

1. This committee will work with the appropriate staff to develop and maintain a recertification program that assesses and enhances the continuing competencies of the certificants. Conditions of the CMP Program are outlined in the CMP Brochure and on the AMCB website. Any changes to the CMP Program will be reflected in the CMP section of

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the website. The committee will also produce one new module for the program each year.

2. The Chair of this committee is responsible for
    a. recommending committee members for appointment as needed
    b. working closely with the responsible staff to administer the program.
    c. assuring the Conflict of Interest and Confidentiality Agreement are signed by all attendees at every face-to-face meeting
    d. coordinating and implementing annual audits of
        1. the accuracy of the data maintained by the staff
        2. the validity of continuing education presented by certificants.
    e. Chair must also deliver a short written report at each AMCB Board of Directors meeting and as requested by the President.
3. CMP External Review Sub-Committee will
    a. work externally with the chair of the CMP Committee to ensure the quality of the modules.
    b. Individuals on the sub-committee will be sent select articles/questions to review and give feedback for the CMP Committee on the quality and relevance of the questions and articles.

C. Exam Committee

1. This committee will work closely with the Psychometrician(s) and meet as needed to review new examination questions submitted by the External

Item Writing Sub-Committee. This process will be based upon the "Examination Construction Procedures and Guidelines" document.

2. The committee will annually review examination specifications and content outline and make recommendations to the Board of Directors if a new Task Analysis is indicated.
3. A statistical report of item and test performance and the candidate critiques shall be reviewed by committee members in consultation with the psychometrician at committee meetings held twice per year.
4. The Chair of this committee is responsible for
   a. recommending committee members for appointment to the Board of Directors.
   b. assuring the Conflict of Interest and Confidentiality Agreement are signed by all attendees at every meeting
   c. delivering a short, written report for each AMCB Board of Directors meeting and the President as requested. This report will include the pass rate of the first time, repeat and re-certification candidates.

D. External Item Writing Sub-Committee

1. This sub-committee will research and create new examination questions to the Exam Committee for review.
2. The Chair of this sub-committee is responsible for
   a. recommending committee members for appointment to the Exam Chair
   b. assuring the Conflict of Interest and Confidentiality Agreement are signed by all members at least annually
   c. submitting a short, written report to the Exam Chair for each AMCB Board of Directors meeting

E. Pass Point Sub-Committee

1. 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.
2. A criterion-referenced pass/fail standard for a base test form will be identified by committee members and the psychometrician(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.
3. The Chair of this sub-committee is responsible for
   a. recommending committee members for appointment to the Exam Chair
   b. assuring the Conflict of Interest and Confidentiality Agreement are signed by all members at least annually
   c. submitting a short, written report to the Exam Chair for each AMCB Board of Directors meeting

G. Research Committee

1. This committee will develop and periodically review policy submissions of research proposals requesting access to AMCB data.
2. The committee in conjunction with a psychometrician, will conduct a task analysis study (i.e., the Task Analysis of Midwifery Practice) in order to ensure that the content outline and test specifications for the national certification examination reflect current midwifery practice. A new Task Analysis should begin within 5 years of the publication of the prior Task Analysis.
3. The committee will conduct internal research relevant to the mission of the corporation.
4. The Chair of this committee is responsible for
    a. recommending committee members for appointment by the Board of Directors
    b. assuring the Conflict of Interest and Confidentiality Agreement are signed by all attendees at every face-to-face meeting
    c. delivering a short, written report for each AMCB Board of Directors meeting and the President as requested.

H. Finance Committee

1. Review the proposed annual operating budget presented by the CEO. After any appropriate revisions, the committee will accept the budget. The committee chair will then present the budget to the Board of Directors for approval.
2. Ensure that accurate, timely, and meaningful financial statements are prepared and presented to the Board of Directors.
3. Prepare recommendations to the Board of Directors regarding large expenditures outside the normal operating budget.
4. Prepare recommendations to the Board of Directors regarding auditing and investment firms when needed.
5. The Chair of this committee is responsible for

a. recommending committee members for appointment to the Board of Directors.
b. assuring the Conflict of Interest and Confidentiality Agreement are signed by all attendees at every face-to-face meeting
c. delivering a short, written report for each AMCB Board of Directors meeting and the President as requested.

IV. Certificant Maintenance Policies

A. Certificants are expected to keep their certification current.
B. Once the certificate has lapsed, in order to become recertified the individual must
   1. re-take the exam (CBT)
   2. submit an average of 10 ACNM/ACCME continuing education contact hours for each year since the date of last certification
   3. pay the full exam fee, (previous fees paid into CMP do not apply to exam fee)

V. Ethics

A. The Board of Directors, Committee Members and Staff pledge to:
   1. Contribute to defining the corporation's mission, and policies and procedures governing the fulfillment of that mission.
   2. Carry out responsibilities and functions assigned by the Corporation consistent with the Corporation's bylaws, policies and procedures.
   3. Hold in confidence all proprietary and sensitive information
   4. Perform her/his duties in the best interest of the Corporation, rather than as a personal agent or from the perspective of any other professional organization to which she/he belongs.
   5. Represent the Corporation in a professional manner.
   6. Declare a conflict of interest when necessary and abstain from both the discussion and the vote on any matter in which she/he has a personal or business interest. A conflict of interest is defined as any social, professional or economic relationship with the individuals or the matter at hand that could affect her/his judgment and result in an outcome that might not reflect the best interest of the Corporation.
   7. Resign from her/his position in the Corporation, if, for any reason, she/he finds herself/himself unable to carry out the above duties.
B. Members of the BOD are prohibited from being employed by or serving as paid consultants of the Corporation for a period of 2 years following the end of their terms of service.

VI. Confidentiality

A. Certification materials (exam content and materials)
   1. Individuals who have access to secured materials including the CEO, Exam Committee members, and psychometric consultant must meet the following requirements prior to the beginning of their term of service or employment:
      a. Verification of credentials, including professional licensure, as applicable
      b. Three letters of reference attesting to the individual's professional integrity
      c. Signing of the confidentiality affidavit
   2. During the period of service and for 3 years after the term of service or employment has ended, individuals who have access, or potential access, to the certification exam may not participate in activities related to the development or presentation of any materials, outlines, texts or courses designed to prepare candidates for the exam.

B. Applicants and certificants
   1. Application status and results will be kept confidential at all times
   2. Application materials and examination results reports will be kept under lock and key at the headquarters office
   3. A list of certified individuals will be published on the website and ACNM will be notified
   4. Examination information in database will be kept confidential and password protected
   5. All employees, volunteers, and exam consultants will read and sign the Confidentiality Affidavit.

VII. Release of Applicant or Certificant Information

A. The Corporation's officers, directors, committee members, employees, agents and others may communicate any and all information relating to any application, certification decision, and review thereof, including but not limited to communication concerning the status and results of proceedings in disciplinary matters to ACNM, state and federal authorities, licensing boards, employers, and others.

   The Corporation reserves the right in its sole discretion to publish, disseminate or otherwise disclose information relating to certification, review and disciplinary matters, including those matters involving applicants.

VIII. Security

A. The confidential nature of materials and information will be protected through development and enforcement of security procedures. These procedures will protect among other things the following matters:
   1. Selected individual applicant and certificant data
   2. Selected exam and certificate maintenance materials
   3. Financial data and information

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4. Personnel files as required by law

IX. Financial

A. Annual Budget

1. The annual budget is confidential.
2. The annual budget is prepared by the CEO and Finance Committee and presented by Treasurer for approval by the Board of Directors
3. The Finance Committee will be composed of the Treasurer and at least one other individual and will make recommendations to the Board of Directors regarding actions with major financial implications to the organization.

B. An annual audit of the organization's finances will be conducted on an annual basis by an independent auditor and reviewed by the Board of Directors.

C. All grant requests will be required to submit an official grant request form and then be discussed by the full board

X. Legal Counsel

A. The Corporation may consult with and be represented by legal counsel at any time, and on any matter of interest to the Corporation.

B. Legal consultation for non-routine matters requires the approval of the President or a simple majority vote of the Board.

XI. Use of the Corporation's Certification Marks

A. The Corporation owns and licenses the Certification Marks "Certified Nurse-Midwife" ("CNM") and "Certified Midwife" ("CM").

B. The Corporation does not warrant the professional practice or job performance of its certificants.

C. Certification by the Corporation is the grant of a non-exclusive, non-transferable limited license to use the certification mark "Certified Nurse-Midwife" ("CNM") or "Certified Midwife" ("CM"). Any other use or display of the Corporation's Certification Marks without its prior written consent is prohibited.

D. The Corporation's exams, exam questions, score sheets, certificates, certification designations and abbreviations relating thereto may not be used in any way without the express prior written consent of the Corporation.

E. At the request of the Corporation, the candidate or other person shall immediately relinquish, refrain from using, and/or correct at his or her expense any outdated, inaccurate or unauthorized use of the Corporation's certificate, certification marks, or other intellectual property.

F. If the individual refuses to relinquish immediately, refrain from using, or correct at his or her expense any misuse or misleading use of any of the above items when requested, the applicant or certificant agrees that the Corporation shall be entitled to

obtain preliminary and permanent injunctive relief, damages, and costs, as well as attorney's fees incurred in obtaining any such or other relief.

XII. Disclaimer of Responsibility

A. The Corporation assumes no responsibility for any act of God or humans that is beyond its control and affects the administration, evaluation, or reporting of exam results or certificate maintenance activities.
B. Should such an event occur, at the discretion of the Board the candidate(s) or certificant(s) involved will be allowed to take or retake another form of the certification exam or certificate maintenance activities without additional fee.

XIII. Non-Disciplinary Appeals

A. Grounds for appeal of Corporation policies or actions are:
    1. Failure to meet eligibility requirements
    2. Suspected errors, including but not limited to:
        a. Examination scoring
        b. Denial of an application for certification
        c. Denial of certification
        d. Denial of recertification
        e. Suspected irregularities during examination
B. The President in consultation with the Executive Committee is responsible to develop and submit appeal procedures to the Board for approval. These procedures shall minimally include:
    1. Timeline for appeals process
    2. Guidelines for handling appeals
    3. Means for communicating appeals and decisions.
    4. Guidelines for review committees
C. The decision of an appeal body will be final.
D. The appellant is responsible for reasonable costs that may be incurred by the Corporation during an appeal.
E. The president shall submit a report of appeals and their disposition at the annual meeting of the Board.

Section 2. Procedures

I. Credentials and Reporting Committee (CAR)

A. Eligibility requirements to sit for the CNM/CM examination will be reviewed every 3 years. Recommendations for revisions to the requirements will be sent to the Board of Directors for approval.

B. The Candidate Handbook must include information on the following items:

- Mission Statement
- Overview of Exam
- Name and Address Change
- Procedures for Initial Application
- Fees
- Scheduling
- Re-Taking Exam
- Suggested References
- Scoring
- Notification of Results
- Disclaimer
- Appeals
- Accreditation
- CMP Enrollment
- Eligibility Requirements
- Denial of Eligibility
- Americans With Disabilities Act
- Procedures for Taking Exam
- Format and Content of Exam
- Exam Development and Standard Setting
- Score Verification
- Verification of Certification
- Content Outline and Sample Questions
- Discipline Policy and Procedures

II. Certificate Maintenance Program Committee (CMP)

A. Audit of Data – A member of the committee or designee will conduct an audit each year of the validity of the data in the database for the certificants completing their five (5) year cycle that year. The following items should be audited during this process:

1. The number of people certified in the given year versus the number in the database.
2. A 10% random sample of all those identified as having completed all CMP requirements will be checked for a zero balance, three completed modules, and 2.0 CEUs.
3. If an incomplete file is found it should be documented and reported to the Manager Data and Research to be corrected.

B. Audit of CEUs – The CMP staff will conduct a random audit of 10% of all participants completing the CMP Program that year (randomly selected by the database system). The participants will be notified immediately upon completion

of their requirement if they have been selected for the audit and they will have until December 31 of the same year to submit verification of their required 20 hours of continuing education activities. The submitted documents will be uploaded to their file in the database system by the CMP Coordinator. The files are reviewed by the CMP Coordinator verification of compliance with the recertification requirements. Any questionable CEUs will be reviewed by the CMP Committee for a final decision.

B. Modules – New modules will be developed in each content area every three years. The content areas will approximately reflect the emphases determined by the Task Analysis that guides the National Certification Exam.

i. Each module will contain content specific objectives, a reference list, a post test and an evaluation form. The references will be recent peer-reviewed sources. Each post-test will be comprised of 50-100 questions.

ii. Topics will be selected based upon nationally recognized population-based health needs of women and infants, solicited input from CNMs/CMs, and recommendation of a panel of experts.

iii. Modules will be retired after 34 months.

iv. After the module is completed, AMCB will apply for ACNM CEUs for each module.

III. Exam Committee

A. Examination construction procedures.

i. Examination construction begins with the preparation of a draft examination that is based on a form of the examination about to be retired from use;

a. The examination psychometricians review ensure the pool of questions meet item level statistical criteria as well as pass rate criteria for both validated and pre test items. The pool of questions is assessed to remove items that are too easy (i.e., approx. $p>.90$), too difficult (i.e. approx. $p<.40$) and/or poor discriminators (i.e. approx. $rpb>.10$),

b. Every five years following the release of the new task analysis, a Standard Setting Study will be conducted using methods that objectively facilitate the criterion-referenced nature of credentialing decisions, based on a method described by Angoff (1971). The study results are used to guide selection of a passing standard. The form used for standard setting is used as the base form for the creation of subsequent forms of the examination, to be made parallel and equivalent using statistical pre-administration equating and adherence to the content allocation requirements of the exam content outline.

c. The psychometricians review the test specifications and produce a table indicating the number of items in each content area needed as replacements;

d. Replacement items are selected according to the content areas that need replacements, so the examination conforms to the test specifications. The replacement items must also have acceptable item-level statistics.
e. The examination committee members (committee) perform an item-by-item review of the pool of questions prepared by the psychometricians and take any of the following actions: 1) retain item; 2) delete item from the pool; and 3) select items to replace those removed; and 4) revise items (i.e., pre-test items only).
f. The committee also selects items for pre-testing. Each examination includes 50 pre-test items and the 50 pre-test items are selected to approximate the test specifications.
g. The psychometricians execute the committee's item revisions and replacements in the pool. The committee performs a review of the second draft of the pool prepared by the psychometricians and takes any of the following actions: 1) retain item; 2) delete item; 3) select items to replace those removed by the committee in its item-by-item review; or 4) revise pre-test items.
h. The psychometricians execute the changes made and produce the final pool of questions. The final pool of questions is approved by the committee chairperson and selected members of the committee. Once finalized and approved, the pool of questions is deemed suitable for submission to the computer based testing vendor.

B. Examination Review Guidelines
1. Items will be reviewed for clarity, accuracy, and relevance to the test specifications and to entry-level midwifery practice;
2. At each committee meeting, items selected for use in an exam will be evaluated by committee members to ensure that the items continue to reflect current, best practice;
3. References for items previously used will be reviewed to ensure they have a minimum of one reference published within the last 5 years and no references greater than 9 years old;
5. Staff will provide the committee with a library of references/resource materials for use during meetings; and
6. Committee members may bring and use personal references/resources for use during meetings
7. Committee members review the item's content codes from the task analysis to ensure that they are aligned to the appropriate content category and task statement.

C. Examination Format and Content
1. The national certification examinations in nurse-midwifery/midwifery consist of items written in the multiple-choice format.

2. The content areas covered by the certification examination and the percentages of the total represented by each area are determined by the most recent task analysis completed by the Research Committee. Knowledge and judgment abilities of both normal and deviations from normal will be tested for all clinical areas.
3. AMCB uses Linear On The Fly Testing (LOFT) which involves automated form generation for each administration of the exam. Each form meets the content and statistical requirements for assembly providing each examinee with an equivalent form consisting of a unique combination of items drawn from the available item pool.

D. Examination Scoring, Standard Setting and Equating

1. A criterion-referenced cut-score determination method, facilitated by the Psychometrician(s), is used by the Pass-Point Subcommittee to arrive at examination passing score for the base form of the examination.
2. In October 2022, a standard setting study was performed on the base form. The standard was translated to the Rasch scale on the base form. The Rasch-based standard was then applied to the other test forms, and the raw-score equivalent was determined on each equated form.
3. A statistical report of item and test performance and the candidate critiques shall be reviewed periodically by Examination Committee members in consultation with the Pyschometrician.
4. Candidates who fail may request verification of results. Cost for this verification is delineated by the AMCB fee schedule.
5. The AMCB Board of Directors will be informed periodically of the pass rate of the first time, repeat and re-certification candidates.

IV. Research Committee

A. Task Analysis
1. The research committee along with the psychometrician, will conduct a task analysis study (i.e., the Task Analysis of Midwifery Practice) in order to ensure that the content outline and test specifications for the national certification examination would reflect current midwifery practice.
    1. The task analysis study survey should include a random sampling of candidates as determined by the Research Committee.
    2. It should consider any relevant policy, position or clinical practice statement used by ACNM and other relevant professional organizations since the previous task analysis.
    3. The survey should contain items, which will validate the tasks performed by midwives based on their perceptions of the importance and frequency of those tasks. Items will also be

included to determine those persons' perceptions of the relevancy of examination content to those knowledge, skills and competencies, which are encompassed in the practice of midwifery.

4. The survey will include questions to validate eligibility and recertification requirements for the examination program.
5. The survey may also include questions that address candidate's perceptions of issues related to exam format and administration, and other issues that are of timely importance to the AMCB.
6. As a guide a new Task Analysis should begin within 5 years after the publication of the prior task analysis.

D. Internal Research

1. Research committee will prepare a list of all on-going research and the frequency with which it is to be conducted
2. Committee will prepare annual report for BOD approval summarizing previous year's research and projecting efforts, with priorities, for the next year
3. When an AMCB committee identifies research project, that committee Chair will contact the Research Committee Chair to discuss. The idea will be evaluated by the Research Committee and, if appropriate, will be added to the potential research project list. The Research Committee Chair will then submit the request to the BOD for approval.
4. Proposals should include the following:
   a. Introduction and rationale
   b. Objectives
   c. Methodology and materials
   d. Time schedule
   e. Measures to protect the security of the examination or the privacy of the applicants/candidates
   f. Budget

C. External Research

1. Research proposals should relate to the mission of the AMCB: *to protect and serve the public by leading the certification standards in midwifery.*
2. AMCB must be acknowledged in all project reports, publications, and other dissemination efforts.
3. Final project reports and/or publications must be provided to AMCB upon project completion.
4. AMCB will not release any email addresses, labels, or distribution lists to investigators. All approved study materials must be distributed by AMCB staff. Distribution fees may be assessed.
5. Study materials will only be distributed to certificants who have granted permission to be contacted for this purpose.

6. AMCB reserves the right to delay review and/or distribution and to decline proposals for any reason.
7. Student research proposals:
   a. Must include a cover letter from the sponsoring faculty who serves as co-investigator.
   b. Will not receive final approval until evidence of acceptance by appropriate university committee(s).
8. Initial Inquiry Process
   a. A letter of inquiry to the Research Committee Chair briefly explaining the purpose and timeline of the project, how it relates to the AMCB Mission, and the nature of the data requested is submitted to the Manager, Data and Research.
   b. A response to the letter of inquiry will be provided to the applicant after review by the Research Committee.
10. Final Approval Process
   a. Upon acceptance of letter of inquiry, following must be provided to Manager, Data and Research:
      - Project summary of less than 5 pages including: Project name, Name and credentials of all co-investigators, Introduction, rationale, and significance of project, Project objectives/aims, Methodology, Copy of all materials for distribution.

   b. Curriculum vitae of investigator/project director and co-investigators/committee members.
   c. Any additional information requested.
   d. Final project requests are reviewed by Research Committee and, if approved are submitted to the Executive Committee for approval.
   e. Applicant will receive final notice of project approval from Manager, Data & Research usually within 4 weeks of submission of final materials.
3. Fees may apply to any data request.

V. Confidentiality/Security

A. Specific materials to be secured include but are not limited to the original and all copies of:

1. Approved exam items
2. Draft and final exams
3. Exam answer keys (certification and certificate maintenance)
4. Exam critiques (individual forms and compilation report)
5. Psychometric exam analysis
6. Individual performance data that includes personal identifiers with exception of certification and/or certification maintenance status
7. Electronic files containing any of the above

B. The CEO shall develop and maintain corporate office procedures to ensure the tracking and security of materials both within the Corporate office and during electronic or hard copy transmittal of such materials.

E. Committee chairpersons shall develop and maintain committee procedures to ensure the security of materials.

F. Exam related materials to be secured should not be transmitted via fax nor sent by mail or other delivery mechanisms to educational or clinical sites.

G. Secured materials eligible for destruction shall be permanently destroyed in a secure manner.

VI. Records Retention Policy

Description of Records	Manner of Record Keeping	Disposition
Corporate Organizational Records		
Incorporation documents including articles of incorporation, bylaws, and related documents	File in EDs office	**Permanent**
Tax-exemption documents including application for tax exemption (IRS Form 1023), IRS determination letter, and any related documents	File in EDs office	**Permanent.** Federal law requires copies of these documents to be held at organization's headquarters office. These records must be made available for public inspection upon request.
Meeting/board documents including agendas, minutes and related documents	One copy of each Board Book kept in EDs office	**Permanent**
Policies and Procedures Manual	Copy kept with each staff person and ED	**Permanent**
Candidate Handbook	Copy with each staff person and ED and copy available online	**Permanent**
Task Analysis	At least one copy at headquarters office	**Permanent**
Application for Examination	Hard copy kept at Headquarters office	**Permanent for Successful Examinees** **2 Years For Unsuccessful Examinees**
Unsuccessful candidate files are checked once per year for any files older than 2 years. Those older than 2 years, per the Retention Policy, are disposed of at that time. Hard copy applications are shredded. Electronic files are deleted from the file on exam coordinator's computer where they end up in the electronic recycle bin that is then emptied.		
Individual Certificant Information (i.e. address, notes on file, etc)	Electronic copy kept at headquarters office	**Permanent**
Examination Data Reports	Electronic copies kept at headquarters office	**Permanent**
Discipline Cases		
Not Sanctioned	Electronic and hard copy kept in Discipline Director's office	5 years
Files related to discipline cases that do not lead to a sanction are checked once per year for any files older than 5 years. Those older than 5 years, per the Retention Policy, are disposed of at that time. Hard copy		

files are shredded. Electronic files are deleted from the file on Discipline Director's computer where they end up in the electronic recycle bin that is then emptied.		
Sanctioned	Electronic and hard copy kept in Discipline Director's office	Permanent
Financial records		
Year end Treasurer's financial report/statement	In Board Book and electronic copy	**Permanent**
Bank statements, canceled checks, check registers, investment statements, and related documents	Compile & file records on a yearly basis.	**Seven Years.** Store w/financial records. Destroy after seven years.
Once per year any files that are older than 7 years are shredded		
Annual information returns (IRS Forms 990)	Federal law requires that the three most recent years returns be kept in the organization's headquarters office and be made available for public inspection upon request.	**Seven Years.** Store w/financial records. Destroy after seven years.
Once per year any hard copy forms that are older than 7 years are shredded. Electronic files are saved permanently		
Insurance		
Accident Reports/Insurance Claims	File in Headquarters Office	**Permanent**
Legal		
Claims and litigation files	File in Headquarters Office	**Permanent**
Copyright and Trademark	File in EDs Office	**Permanent**
Contracts	Headquarters Office	**Permanent**
Personnel		
Resumes	Headquarters Office	**1 Year**
Once per year the CEO shreds hard copies of resumes. Electronic files are deleted from the file on the CEO's computer where they end up in the electronic recycle bin that is then emptied.		
Employee Files	Headquarters Office	**Permanent**
Payroll Records	Payroll Company Keeps but will supply if needed	**Permanent**
Examination Retention Policy and Procedures: AMCB uses Linear On The Fly Testing (LOFT) which involves automated form generation for each administration of the exam from a statistically validated pool of questions. Each form meets the content and statistical requirements for assembly. Each examinee is administered an equivalent form consisting of a unique combination of items drawn from the available pool. Every form generated by the algorithm matches the content distribution requirements specified in the		

exam content outline which is based on the Task Analysis Study which is performed a minimum of every 5 years.		
Item Retention Policy & Procedures: While there is no specific policy limit, all questions are evaluated by the Examination Committee members to ensure that the items reflect current, best practice, and are reviewed for clarity, accuracy, and relevance to the test specifications and to entry-level midwifery practice. Item bank maintenance is conducted once every three years. References for items are reviewed by the Examination Committee to ensure that they comply with the need to have been published within the last 5 years		

American Midwifery Certification Board (Corporation)
Discipline Policy and Procedures

June 2007
Revised November 2012
Revised April 2018

I. Discipline Policy

A. Grounds for Disciplinary Action. The Corporation may sanction an applicant for certification or recertification or a current certificant in the event of any of the following:

1. Ineligibility for certification or recertification or violation of the Corporation's Bylaws, policies or rules.
2. Fraud or deceit in an application, reapplication or other communication to the Corporation including but not limited to providing a false or misleading statement, and/or knowingly assisting another to obtain or attempt to obtain the Corporation's certification or recertification by fraud or deception.
3. Irregularity regarding an exam of the Corporation including but not limited to providing or receiving unauthorized assistance before, during, or after an exam, providing false information to gain admittance to an exam, or impersonating another.
4. Misrepresentation of certification or violation of the Corporation's personal and/or intellectual property rights including but not limited to unauthorized access, possession of, use of, distribution of, or access to (i) the Corporation's exams, (ii) certificates, (iii) name, trade name or trademarks; and (iv) any of its other personal and/or intellectual property.

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Chg 4/10, Chg 11/15
Chg 12/16, Chg 5/17
Chg 3/19, Chg
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5. Habitual use of alcohol or any other substance of abuse, or any physical or mental condition that impairs competent and objective professional performance.
6. Gross or repeated negligence or malpractice in professional work.
7. Limitation or sanction by a federal, state or private licensing board, administrative agency, association or health care organization relating to public health or safety, or midwifery practice.
8. Conviction of, plea of guilty to, or plea of nolo contendere to a crime directly relating to midwifery practice and/or public health and safety. Individuals convicted of a felony described in this section shall be ineligible to apply for certification or recertification for a period of three (3) years from the exhaustion of appeals, completion of probation or final release from confinement (if any), whichever is later.
9. Engaging in conduct which is inconsistent with professional standards, including but not limited to (i) any practice that creates unnecessary danger to a patient's life, health or safety; and (ii) any practice that is contrary to the ethical conduct appropriate to the profession that results in termination or suspension from practice. Actual injury to a patient or the public need not be shown under this provision.

B. Sanctions. Sanctions for violation of the Disciplinary Policy may include one or more of the following:

1. Denial, suspension or revocation of certification;
2. Non-renewal of certification;
3. Reprimand; and/or penalty
4. Other corrective actions such as, but not limited to: re-taking the certification examination, supervised clinical practice, repeating an ACME (Accreditation Commission for Midwifery Education) accredited education program.

C. Notice of Possible Violation.

1. Notice of an alleged violation of the grounds of this Discipline Policy should be submitted in writing to the President.
2. The notice to the President should:
   a. Identify the person(s) involved.
   b. Provide a detailed description of the pertinent facts or occurrences.
   c. Include the name, address and telephone number of the person providing the notice to the Corporation and the person's relationship to the matter.

3. The President may proceed in a matter with or without a complainant where there is reason to believe that a violation of the Discipline Policy has occurred.

D. Procedure

1. The President shall develop disciplinary procedures in consultation with the BOD and legal counsel.

2. These procedures shall be reviewed annually by the BOD.

II. Disciplinary Procedures

A. Upon receipt of a complaint or notice of a possible violation of this Discipline Policy, the President:

1. Shall investigate the matter in consultation with legal counsel, the Corporation's staff, and such others as may be appropriate.
2. May request additional information or documentation from the candidate or certificant, or from third persons.
3. Shall review the matter to determine whether the facts, if true, could constitute a violation of one or more of the grounds of this Discipline Policy.
4. Shall close the matter if the facts, even if true, would not constitute a violation of the grounds identified in this Discipline Policy. The complainant, if any, shall be notified of this decision.
5. Together with the Chair of the Discipline Committee, may temporarily suspend the individual's certification pending completion of the full disciplinary review process, whenever they believe that immediate action is necessary to protect the public from a clear and imminent health danger. The individual shall be notified of the temporary suspension of certification in accordance with subsection E. of this section. The fact of temporary suspension shall be reported to the Board of Directors at their next meeting.

B. Candidates or certificants who are the subject of a possible discipline violation are required to provide any information or documents requested by the President within thirty (30) days of the date of the request.

C. If a violation of the Disciplinary Policy is indicated, the President shall appoint a Chairperson of an Ad Hoc Discipline Review Committee and refer the matter to the Committee.

D. The Review Committee shall be composed of the Chairperson or their designee and two members appointed by the Chairperson. Members of the

Review Committee shall not have had prior involvement with the matter, the complainant, or the individual against whom discipline is being considered.

E. Upon appointment of the Review Committee, the President shall send to the applicant/ certificant a notice of the disciplinary proceeding by registered, certified or other traceable mail or delivery service.

1. If the individual is a certificant, the notice shall include:

    a. The facts alleging a violation of the grounds for disciplinary action, and a copy of the complaint, if any.
    b. That the matter has been referred to the Review Committee and a list of the names of the members of the Review Committee.
    c. That the candidate must respond in writing to the allegations within thirty (30) days of receipt of the notice. The candidate's response must include a statement admitting, or explaining the facts identified in the allegations. Electronic, traceable mail will be accepted.
    d. The Review Committee may proceed to review the allegation if the certificant does not respond.

2. If the individual is an applicant or candidate for certification, in addition to paragraphs a - c above, the notice shall include:

    a. That a failure to respond to the allegations on the schedule determined by the Corporation may result in suspension of any pending application until such time as the disciplinary action is decided, or in such other sanction as the Corporation may deem appropriate.
    b. The Review Committee may withhold decision and imposition of a sanction if any until a response is received from the individual and reviewed by the Review Committee.

F. The Review Committee shall:

1. Have broad power to correspond with any parties involved in the matter and any other individuals or consultants.
2. Decide the matter by majority vote.
3. Render a decision as to whether or not a violation of the Corporation's Discipline Policy has occurred and, if a violation occurred, shall recommend a sanction.
4. Render a written decision and recommended sanction, if any, to the President normally within one hundred eighty (180) days from the receipt of the individual's written response. The Review Committee may

extend this time-period by unanimous decision of all committee members. The written decision will include findings of fact and a description of the Committee's decision and recommended sanction.

G. Review By the Executive Committee for Discipline:

1. The Executive Committee for Discipline shall be comprised of the AMCB Executive Committee plus the Consumer Member.
2. Within 30 days of receipt by the President of the decision of the Review Committee, the Executive Committee for Discipline shall meet by conference call to review the findings and recommendations of the Review Committee, or to impose lesser or greater sanctions.
3. The Executive Committee for Discipline shall vote to accept or reject the findings and recommended sanctions of the Review Committee. In the event of a tie, the tie shall be broken by the Chair of the CMP Committee.
4. The President shall send the decision of the Executive Committee for Discipline to the affected individual by registered or certified mail or other traceable delivery service.
5. The decision of the Executive Committee for Discipline including any sanction shall become effective immediately.

H. Appeal

1. If the decision of the Executive Committee for Discipline is to deny or limit a candidate's ability to obtain or retain certification by the Corporation, the individual may appeal the decision by submitting a written appeal consisting of a maximum of 10 typed pages.
2. The full Board of Directors shall vote to accept or reject the findings and recommended sanctions of the Executive Committee for Discipline, or to impose lesser or greater sanctions.
3. The individual must also pay the current appeal fee published in the Corporation's current schedule of charges.
4. The appeal must be postmarked within thirty (30) days of the date of receipt of the notice of the BOD's decision.

I. The Appeal/Hearing Committee shall:

1. Be comprised of the members of the Board of Directors of the Corporation.
2. Be chaired by the President.
3. Render a decision on the appeal normally within 30 days of receipt of the individual's appeal.
4. Send its decision to the individual by registered or certified mail or other traceable delivery service.

J. Publication of Adverse Disciplinary Decisions

1. The Corporation has the right to publish adverse decisions and the reasons for such decisions.
2. Disciplinary decisions that are adverse to the CNM/CM, applicant, or candidate will be communicated to the licensing authorities, and will be posted on the AMCB website.

K. Reconsideration of revocation of certification or denial of eligibility due to noncompliance with the Corporation's Discipline Policy may occur on the following basis:

1. In the event of a felony or misdemeanor conviction, plea of guilty, or plea of nolo contendere directly related to public health or the provision of midwifery services, no earlier than three years from the exhaustion of appeals, release from confinement, or satisfactory completion of all terms and the entire length of parole or probation, whichever is later.
2. In any other case, no earlier than three years from the final decision of ineligibility or revocation.
3. Reconsideration shall include a review of the underlying matter and any additional evidence the Corporation receives or requests, including evidence of rehabilitation.
4. Reconsideration shall be conducted by a Review Committee as provided under paragraphs II.D and II.E.
5. Reconsideration decisions are final and not subject to internal appeal.
6. The candidate may reapply for reconsideration no more than once every three years.

Quality Assurance Policy 2025

I. Establishing and Reviewing Policies

A. Organizational policies are set by the Board of Directors and reviewed every 3 years or as needed.
   1. Suggested policies are brought to the Board for discussion
   2. The Board will decide if further information and review is needed prior to a decision being made

B. Internal operating procedures are established by the CEO with input from the Board of Directors and are reviewed every 3 years or as needed.

C. The Policy and Procedures Manual will be reviewed by the CAR Committee Chair with the AMCB staff every three (3) years to ensure that the manual is up to date with all current operating policies and procedures. If changes are recommended, they will be brought to the Board of Directors for review and approval.

II. Examination Oversight

A. Chief Executive Officer (CEO) – meets weekly with Board President to update on any issues with day-to-day business. Reports any pressing issues to Executive Committee for immediate feedback, otherwise submits a report to full Board of Directors at each Board meeting.

B. Staff – The CEO monitors the work of the staff daily to ensure that student questions are answered, applications are processed, and results are input into the system correctly. If issues are discovered they are discussed with the staff immediately. There is also an annual review process in place to discuss the overall performance of the staff members and to address any issues that still need to be improved.

C. Psychometric Consultant/Testing Vendor – AMCB has a contract with a testing company, including a psychometrician to supply services related to the design, development, administration, and analysis of the certification exam. The psychometrician provides quarterly reports to the CEO, Board President, and Exam Committee Chair, on the performance of active examinations, an item bank status report at every Exam Committee meeting, and an annual report on examination performance data (e.g., average test score, pass rate, reliability, decision consistency). This consultant also works with the Research Committee to conduct a Task Analysis approximately every 5 years to help guide the Examination Committee in the construction of the examination blueprint. The CEO and Examination Committee Chair work together to monitor the consultant and report back to the Board of Directors.

D. Exam Committee – the Examination Committee works under the guidance of the Exam Committee Chair and the psychometrician. The Exam Committee Chair keeps minutes of each Exam Committee meeting and provides a written report to the Board of Directors at each Board meeting. The Pass-Point Sub-Committee and the External Item Writing Sub-Committee submit minutes of meetings and a report to the Exam Committee Chair to include in their report to the Board of Directors.

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E. Research Committee – the Research Committee works under the guidance of the Research Committee Chair and the psychometrician to conduct a Task Analysis approximately every 5 years to determine the validity of the current exam blueprint and to make recommendations to the Exam Committee and Board of Directors for items to be considered for retention or elimination.

F. PSI - provides AMCB with access to the following reports at any time to allow AMCB staff to verify that candidates are being scheduled in a timely manner and that there are no issues during test taking:
   1. Candidate Comment Report
   2. Pass/Fail/Absent Summary
   3. Results Roster with Content Scores
   4. Scheduled Candidates
   5. Unscheduled Eligible Candidates

A. PSI and Examination Coordinator work closely together to report to AMCB CEO with any issues at which time AMCB CEO will work with both to resolve. AMCB CEO conducts a teleconference at least twice per year to review/discuss any issues and how they are being handled.

G. Board of Directors – based upon recommendations from the Exam Committee Chair, Research Committee Chair, CEO, and psychometrician, will discuss and evaluate rationales for requirements, and make changes as needed according to the Bylaws and Policies and Procedures Manual.

H. Quality Assurance Policies for Security of Exam – The staff is responsible for ensuring that the Exam Committee does not share information discussed during the Examination Development outside of the meeting. Should staff discover errors found when monitoring the security of the exam during development, and/or when monitoring the security of candidate information and exam results, they will notify the Chair of the committee and the CEO immediately. The Chair and/or CEO will then meet with the individual that has been accused of breeching security and explain what has been reported. They will confiscate any materials in their possession, and escort that individual off the premises. If the individual is a certificant, they will be removed from the committee, and the incident will be reported to the Discipline Department. If the individual is staff, they will be terminated immediately. Should staff discover errors found when monitoring the security of the exam during conveyance and administration they will notify the CEO immediately who will then contact PSI for investigation of violation of their security agreement (see PSI security policy below).

I. Quality Assurance Policies for Item and Examination Development - The Examination Committee is responsible for the development of new forms of the exam. The psychometrician provides orientation and training on the review process, and guidance as the committee develops and reviews the exam. The Examination Committee meets, at a minimum, twice per year (i.e., every spring and fall) to develop, review and finalize a new form of the exam. At the

meetings, the Examination Committee is provided with item analysis data on the test questions that they review, and use that information, along with their subject matter expertise, to make decisions about the status of test questions (e.g., use on the exam, do not use on the exam and flag for review). The psychometrician provides the committee with guidance and interpretation of the item analysis data. The psychometrician monitors the review process and keeps the committee informed about the status of the examination in terms of meeting the requirements of the test specifications. After the examination has been finalized by the Examination Committee, the psychometrician prepares the final form of the exam and uploads it into the PSI's portal. PSI processes the exam and provides password-protected access to the exam for a final review by the Chair of the Examination Committee, a designated member of the Examination Committee, and the psychometrician. Any changes noted by the reviewers are provided to PSI (e.g., indentations/spacing of text, sizing of graphics). PSI notifies the reviewers when the corrections are made. The Chair of the Examination Committee reviews and approves the examination for its release.

The Examination Committee review examination performance data (i.e., the most recent quarterly report) and candidate comment reports at the spring and fall Examination Committee Meetings. The committee reviews the test questions based on the comments provided by candidates. Any issues concerning test questions (e.g., a typographical error) are conveyed to the AMCB CEO and PSI for resolution.

B. If the AMCB Examination Committee determines that there was an error on an answer key of a live test question, the following steps would be taken:

1) The AMCB Exam Committee decides how to address the error (e.g., rekey the answer key by keying all 4 options as correct, key 2 options as correct, etc.).
2) The PSI consultant identifies the examination forms that have the test question with the scoring error.
3) The PSI consultant and the Chair of the Exam Committee notify the AMCB CEO of the scoring error.
4) The PSI consultant checks the scores files to identify candidates whose pass/fail status would change as a result of the correction to the answer key and notifies the AMCB CEO.
5) PSI then makes the correction to the answer key and provides the date in which the correction was made.

The Chair of the Examination Committee provides the Chair of the Item Development Committee with topics for new test question development. The topics are identified based on feedback provided by the members of the examination committee and a review of an item bank status report (i.e., the number of test questions by domain and task statement). The members of the item development committee enter new test questions in password-protected item development software, and the questions are then made available for review by the Examination Committee. Items that are reviewed and approved by the Examination Committee are entered in the item bank, which is used for examination assembly. The psychometrician conducts a psychometric review of the test questions and, if necessary, edits questions to ensure that the questions conform to the style guidelines. New questions that are entered into the item bank,

may be selected by the Exam Committee for use as pretest questions on new forms of the examination.

Specific quality assurance procedures for item development and review are described in the Item Development Procedures document and specific quality assurance procedures for test construction are described in the Procedures for Test Construction document.

III. Continuing Maintenance Program

A. Modules - The three self-learning modules are central to the CMP program. They contain current up-to-date practice information from a variety of peer-reviewed sources in the core competency areas of midwifery practice: Antepartum, Intrapartum, and Gynecologic, Sexual, Reproductive, and Primary Care. In addition, each module contains a professional issues article and at least 25% pharmacology content.

1. Participation in this type of self-learning activity ensures that CNM/CMs stay abreast of scientific advances in midwifery. The modules also contain articles that address changes in practice recommendations that are essential for continued competency in clinical practice. Prior to its publication, each module is reviewed by an outside reviewer to assess specific quality indicators related to both the articles and questions. Once a module has been "live" for a year, it undergoes an item analysis using simple frequency statistics to assess the distribution of answer selection. A threshold of < 75% (the passing score) for any question generates a review by the CMP committee to assess accuracy and wording.
2. The CMP Program has an "open door" policy for midwives to provide written or verbal feedback to the CMP coordinator. This could include suggestions for future topics, concerns about specific articles or questions, or requests for alternative continuing education credits. The CMP Coordinator reviews this feedback with the CMP Committee Chairperson, who in turn reviews specific items with the CMP Committee members if needed.
3. Each module contains an evaluation that must be completed in order to submit the final module question/answers. These quality indicators address several aspects of the CMP program such as how midwife participants view the module's content, comprehension of the questions, and applicability to practice. There are also several items related to costs, notifications, and ease of website use. These responses are reviewed by the CMP Committee annually and compared with previous responses to keep abreast of any trends or issues.
4. The CMP Chairperson provides summary information of these various areas of evaluation and feedback and makes recommendations to the Board of Directors for improvements to the CMP process when needed.

B. Verification of Recertification Requirements - During their 5-year certification cycle, all AMCB certified midwives must participate in 20 hours of AMCB approved continuing education activities and successfully complete three self-learning modules. Certificants in their first 5-year cycle must also complete the Job Analysis Survey which will appear in their online portal for their first cycle

only. Certificants must also enter the details of their continuing education activities and corresponding hours in the AMCB online portal. This portal also automatically documents when a module has been successfully completed. It provides a password protected individual account for each AMCB certified midwife to track their progress in meeting their re-certification requirements.

C. Each year, to verify compliance with the continuing education requirements, an audit is performed on a random sample of 10 % of the midwives who were recertified the previous year. The random sample is generated automatically by the database system. The selected midwives are notified immediately upon completion of their requirements if they have been selected and are required to submit verification of their 20 hours of continuing education activities. These documents are uploaded into an audit file created by the CMP Coordinator. Each selected midwife's file is initially evaluated by the CMP Coordinator and again reviewed by the CMP Chairperson for final verification of compliance with CMP recertification requirements.

IV. Financial Management

A. Credit card payments - Most payments are processed directly through the AMCB website by the candidates or certificants. When a credit card payment is taken by phone it is processed directly through the crm system and verified by Fullsteam with candidate or certificant still on the phone. The payment amount is automatically posted to the individual's account and then applied to the correct order/invoice. The order is then fulfilled. Once per month the COO receives a report from Fullsteam showing all credit card payments processed. The report is compared to the payments posted in the crm system to make sure they balance. All data stored in the crm system is PCI DSS compliant. The CEO and Executive Committee request financial reports (Profit & Loss and Budget Comparison) quarterly to verify that finances are in order. The full Board of Directors sees financial reports at each meeting. All merchant statements are seen and approved by the CEO and COO as they are received in the office, and all financials are audited annually. Audited financial statements and the 990 are shared with the Board of Directors annually.

B. Check payments – All checks are received by the Exam Coordinator and then given to the CMP Department when applicable or processed directly if payment is to sit for the exam. Check # and amount are posted to an individual's account and then applied to the correct order/invoice. The order is then fulfilled. Checks are then given to the COO to deposit. Once per month the CEO receives a statement from the bank showing all deposits. The report is compared to the payments posted in the crm system to make sure they balance. The CEO and Executive Committee request financial reports (Profit & Loss and Budget Comparison) quarterly to verify that finances are in order. The full Board of Directors sees financial reports at each meeting. All bank statements are seen and approved by the CEO and COO as they are received in the office, and all financials are audited annually. Audited financial statements and the 990 are shared with the Board of Directors annually.

C. Payables – All bills are received by the Exam Coordinator and approved or questioned for accuracy. The bill is then either given to the appropriate department for approval or directly to the CEO for approval. Once the bill has been seen by the CEO and either questioned or approved it is given to the COO to apply payment. The CEO and Executive Committee request

financial reports (Profit & Loss and Budget Comparison) quarterly to verify that finances are in order. The full Board of Directors sees financial reports at each meeting. All bank statements are seen and approved by the CEO and COO as they are received in the office, and all financials are audited annually. Audited financial statements and the 990 are shared with the Board of Directors annually.

V. Training

A. Board of Directors – A Board Handbook that includes, organizational basics (Mission, Board List, ect), governance materials, and operations and logistics materials, is given to all Board members annually. An orientation for all Board members is also conducted at the beginning of each Board meeting, and the Board Handbook is posted with all Board materials for reference. As part of the orientation there is also a Question-and-Answer session of the General Policies and Procedures, Bylaws, and Strategic Plan. Finally, the Confidentiality Affidavit and Conflict of Interest Policies are discussed and signed. The Board President, CEO, and Incoming President also attend the ASAE Symposium for Chief Elected and Chief Executive Officers during the year the Incoming President is elected as President Elect. Board members are also encouraged and funded to attend the ICE Annual Conference, webinars, or other meetings related to certification or board governance. Finally, the CEO regularly sends out reading materials to the Board regarding the certification industry.

B. Subject Matter Experts/Committee Members – At all meetings the Conflict of Interest Policy and Confidentiality Affidavit are discussed and signed.

1. Exam Committee (and sub-committees)- Individuals are required to attend a face-to-face item writing workshop every three years and, in the years in between, they are required to attend an item writing web conference. Individuals are given an item writing manual for reference and an overview of the PSI site and how to use it is conducted at the beginning of each meeting.
2. CMP Committee - Individuals are required to attend a face-to-face item writing workshop every three years, and in the years in between, they are required to attend an item writing web conference. Individuals are given a Training Manual and are required to sign an attestation that they have read and understand the manual.
3. Research Committee – When conducting the task analysis, the psychometrician will provide guidance/training as needed throughout the entire process.
4. Staff – All staff are encouraged to attend a minimum of one training session annually (online or in person) that pertains to their role. The training is paid for in full by AMCB. Annually, senior staff conduct customer service training with junior staff at our exhibit booth at the industry annual meeting. The CEO and senior staff continuously monitor, and train junior staff as needed on a daily basis.

Recruitment Policy

AMCB Committees

1. When a position becomes available on an AMCB committee the Chair of the committee will notify the staff liaison to the committee that there is a vacancy.
2. The staff liaison is responsible for posting the available committee position to the AMCB website. The post will include a description of the committee, the position available, and the responsibilities of the position. There will also be a list of qualifications for the positions, instructions on how to apply for the position, and how the decision for appointment will be made.
3. The position vacancy will also be shared through emails targeted to the geographic region in which the vacancy is located.
4. The position may also be advertised on AMCB social media sites and other forums if appropriate and available.

AMCB Board of Directors

1. When a position becomes available on the AMCB Board of Directors the President will notify the CEO that there is a vacancy.
2. The CEO is responsible for posting the available position to the AMCB website. The post will include a description of the position available, and the responsibilities of the position. There will also be a list of qualifications for the position and instructions on how to apply for the position, and how the decision for appointment will be made. Generally, the AMCB Board does give consideration to individuals that have previously volunteered with an AMCB committee as it shows a more thorough understanding of the organization, certification process, and accreditation standards.
3. The position may also be advertised on AMCB social media sites and other forums if appropriate and available.