

AMCB Rationale for Requirements

ELIGIBILITY REQUIREMENTS TO TAKE NATIONAL CERTIFICATION EXAMINATION

I. Candidates from Nurse-Midwifery Educational Programs: Candidates who successfully pass the certification examination will be awarded the CNM credential.

A. Proof of licensure, active on the date of the examination, as a U.S. Registered Nurse (i.e., in one of the fifty states, the District of Columbia, or U.S. territory)

Proof consists only of one of the following: 1) copy of license (showing expiration date) active on the date of the examination as a U.S. registered nurse; 2) written letter from a U.S. jurisdiction (i.e., one of the fifty states, the District of Columbia, or U.S. territory) containing the same information as the nursing license from that jurisdiction and indicating that the license is active as of the date of the examination. In the case of the written letter from a U.S. jurisdiction, that letter must appear on the official letterhead of that jurisdiction and be signed by an authorized agent of that jurisdiction; and 3) A copy of web verification of licensure.

Rationale: Proof of licensure as a U.S. Registered Nurse is required to show that the individual has obtained the additional education/training and licensure in nursing prior to sitting for the examination and being granted a credential as a Certified Nurse Midwife

B. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from the Accreditation Commission for Midwifery Education (ACME).

Rationale: The AMCB has aligned itself with the APRN Consensus Model in an effort to ensure practice autonomy for their certificants. The education requirements of the APRN Consensus Model state "APRN education must be formal education with a graduate degree or post-graduate certificate (either post-master's or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)". The Accreditation Commission for Midwifery Education has been recognized by the U.S. Department of Education (under "Health Care") as a programmatic accrediting agency for nurse-midwifery education programs since 1982.

C. Verification by the director of the nurse-midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.

D. Attestation by the director of the nurse-midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

Rationale for C & D: It has been an ongoing belief by the AMCB Board of Directors that the director of the nurse-midwifery program is in the best position to judge if the applicant is performing at the level of a safe, beginning practitioner, and has met the institutional requirements for a graduate degree. This requirement assures that, in addition to meeting the institutional requirements, the candidate is performing clinically at the safe beginning level. Additionally, a letter from the director of the program can come in a timelier manner than a transcript for verification of the requirements for a graduate degree.

II. Candidates from Midwifery Education Programs: Candidates who successfully pass the certification examination will be awarded the CM credential.

- A. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from ACME.

Rationale: The AMCB has aligned itself with the APRN Consensus Model in an effort to ensure practice autonomy for their certificants. The education requirements of the APRN Consensus Model state “APRN education must be formal education with a graduate degree or post-graduate certificate (either post-master’s or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)”. The Accreditation Commission for Midwifery Education has been recognized by the U.S. Department of Education (under “Health Care”) as a programmatic accrediting agency for nurse-midwifery education programs since 1982.

B. Verification by the director of the midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.

C. Attestation by the director of the midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

Rationale for C & D: It has been an ongoing belief by the AMCB Board of Directors that the director of the midwifery program is in the best position to judge if the applicant is performing at the level of a safe, beginning practitioner, and has met the institutional requirements for a graduate degree. This requirement assures that, in addition to meeting the institutional requirements, the candidate is performing clinically at the safe beginning level. Additionally, a letter from the director of the program can come in a timelier manner than a transcript for verification of the requirements for a graduate degree.

D. Subsequent provision of proof of current licensure as a U.S. Registered Nurse may result in awarding the CNM credential.

Rationale: The difference between the CNM and the CM credential is a nursing degree (the examination and midwifery education is the same). If at some point the CM completes a nursing program and achieves the registered nurse credential and becomes licensed in the United States or its Territories, then they may “switch” their CM credential to the CNM credential. Certificants are only permitted to “switch” once and may not “switch” back. The certification number you receive is different depending on whether it is a CNM or CM certification. Switching back and forth between the two types of certification is not permitted as it may cause confusion with the licensing boards and public.

REQUIREMENTS FOR RETAKING THE EXAMINATION

A candidate who fails the certification examination may retake the examination. The first retake may occur no sooner than 30 days after the initial examination. Subsequent retakes may occur no sooner than 90 days after the last exam. The candidate is allowed to sit for the examination a maximum of 4 times. If the candidate has not passed the examination within 24 months of the date of completion of the program or has reached the 4th examination attempt prior to the 24 month period, she/he must demonstrate successful attainment of the core competencies of midwifery practice by completing another accredited educational (basic or pre-certification) program in nurse-midwifery or midwifery. This means that an individual must repeat an ACME (Accreditation Commission for Midwifery Education) accredited program after the 24 month time limit has expired or after the 4th unsuccessful attempt, and graduate from that program to become an eligible candidate for the AMCB certification examination. There is no other mechanism.

AMCB's mission is "To protect and serve the public by leading the certification standards in midwifery". The AMCB examination assesses entry-level competencies for the practice of midwifery. It does not test clinical competencies as those are completed as part of the ACME accredited midwifery education. In 2009 a task force including representatives from the American College of Nurse-Midwives (ACNM) Board of Directors and staff, the Directors of Midwifery Education (DOME), and the Midwifery Business Network (MBN) was convened to develop "Re-Entry Guidelines for CNMs/CMs". Based upon these guidelines, the AMCB Board made a preliminary decision to limit the length of time to successfully pass the examination to a 24 month period to help assure that the candidates' clinical skills are still at the level of a safe practitioner when they pass the exam. The AMCB Board gathered input from DOME to on the 24 month period as well as the number of times to allow a candidate to sit for the exam. The final decision by the AMCB Board of Directors was to allow up to 4 takes within a 24 month period (this decision was revisited and upheld by the AMCB Board of Directors in 2019). The decision was based upon a number of items including:

- 1. Encouraging the candidate not to wait too long prior to taking the exam the first time*
- 2. Encouraging the candidate to take time to study areas they may have tested poorly in prior to sitting for the exam a second, third, or fourth time*
- 3. There are three versions of the exam active at all times so after the third take the candidate has the potential to retake a version of the exam that has already been taken. A four take limit helps minimize the potential that the candidate may recognize or memorize questions on the exam, therefore protecting the public.*
- 4. Protecting the public by not allowing a candidate to be certified and begin practicing with more than a 24 month period between assurance of their clinical skills and actual certification.*
- 5. At the time the policy decision was made the pass rate for first time takers was 87.1% versus 48.1% for all repeaters with a decline in pass rate with each subsequent take.*

REQUIREMENTS FOR RECERTIFICATION

- I. Timeframe for Recertification:** According to the guidelines published in 2009 by the Consensus Model for Advanced Practice Registered Nurse Regulation (endorsed by ACNM and AMCB), re-certification processes must occur within a 5-year time frame. These guidelines provide the industry standards for re-certification of independent licensed providers such as certified nurse-midwives and certified midwives. Additional information

can be found at [www.https://ncsbn.org](https://ncsbn.org)

- II. **Recertification Audit:** Each year, in order 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. According to published guidelines on conducting a compliance audit, random sampling reduces sampling risk and ensures the auditor of adequate and equal representation of the total group (or population). In addition, a 10% sample will generally meet a 95% confidence level for populations over 200. (I have a reference for this from HUD) For example, the typical number of midwives re-certified each year is approximately 1000-2000, providing a random sample of at least 100-200 midwives.