



# American College of Nurse-Midwives

Membership Department-PD  
 8403 Colesville Rd, Ste 1550  
 Silver Spring, MD 20910  
 240-485-1825 FAX: 240-485-1818  
 E-mail: memb@acnm.org

## PRACTICE DIRECTORY & WEB LISTING FORM

RETURN THIS FORM TO ACNM TO GET YOUR  
 FREE WEB AND DIRECTORY LISTING

Fax or mail to the address above  
 But do not fax AND mail

**BE SURE TO LIST ALL OF THE CNM/CMs AT THIS  
 PRACTICE ON A SEPARATE SHEET**

Current Practice Directory Information	Practice Directory Correction/Update Note if this is: <input type="checkbox"/> Satellite Location <input type="checkbox"/> Address/Name Change <input type="checkbox"/> New Practice <input type="checkbox"/> Closed Practice
Practice Name _____	Practice Name
Contact * _____	Contact
Address _____	Address
City State Zip _____	City State Zip
Main Telephone _____	Telephone
FAX _____	FAX
County _____	County
E-Mail _____	E-Mail
Web URL _____	Web URL

\* Individual authorized to make changes to this record. All changes MUST be in writing and signed: \_\_\_\_\_

PRACTICE INFORMATION (please check all that apply)
Type of Practice: <input type="checkbox"/> Hospital <input type="checkbox"/> HMO <input type="checkbox"/> CNM/CM-Owned Practice <input type="checkbox"/> Physician-Owned Practice <input type="checkbox"/> Other Private <input type="checkbox"/> Community Health Ctr <input type="checkbox"/> Other Clinic <input type="checkbox"/> Military   Number of FTEs at this practice _____
Birth Site(s): <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital Birth Center <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Home   No. Births/year for the practice _____
Name(s) of hospitals or birth centers where your CNMs/CMs attend births:
Scope of Practice & % of time spent: <input type="checkbox"/> AP ___ <input type="checkbox"/> IP ___ <input type="checkbox"/> PP ___ <input type="checkbox"/> GYN ___ <input type="checkbox"/> FP ___ <input type="checkbox"/> Primary Care ___
Payment Source(s): <input type="checkbox"/> Medicaid (or equivalent) <input type="checkbox"/> Self Pay <input type="checkbox"/> Private Insurance <input type="checkbox"/> HMO Enrollee <input type="checkbox"/> Selected HMOs/PPOs <input type="checkbox"/> CHAMPUS/TRICARE <input type="checkbox"/> Medicare <input type="checkbox"/> IHS <input type="checkbox"/> Grant <input type="checkbox"/> Federal Employee Health Benefits Program
Is this a preceptor site for SNMs/SMs? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, would you consider becoming a preceptor site? <input type="checkbox"/> YES <input type="checkbox"/> NO