

# Total Birth Experience Background Form 102

Applicant's Name: \_\_\_\_\_ Last four digits of Social Security #: \_\_\_\_\_

This form should include all births prior to, during, and after training. Clinical training must span at least two years prior to application submission for all types of applicants.

PEP and MEAC applicants must include at least two planned hospital births and five home births on this form.

**All boxes must include a number or a zero.**

Attended births as an observer, Assistant Under Supervision, or primary from \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year).

	Home	Freestanding Birth Center	Hospital	Out of Country	Totals
Number Observed					
Number as Assistant Under Supv.					
Number as Primary Under Supv. <sup>1</sup>					
Number as Primary <sup>2</sup>					
<b>Total all births attended including observed =</b>					

	Observed	As Assistant Under Supv.	As Primary Under Supv. <sup>1</sup>	As Primary <sup>2</sup>	Totals
Number Transports					
Number Fetal/Neonatal Deaths <sup>3</sup>					
Number Maternal Deaths <sup>3</sup>					

<sup>1</sup>“Primary Under Supervision” means the student demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the student’s performance of skills and decision making.

<sup>2</sup>Applicable only for UK or CNM/CM applicants

<sup>3</sup>On a separate sheet of paper, please list the cause and a brief description.