

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.

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 Assistant Under Supv.					
Number Primary Under Supv. ¹					
Number Primary/Co-Primary					
Total all births attended including observed =					

	Observed	As Assistant Under Supv.	As Primary Under Supv. ¹	As Primary/Co-Primary	Totals
Number Transports					
Number Fetal/Neonatal Deaths ²					
Number Maternal Deaths ²					

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

²On a separate sheet of paper, please list the cause and a brief description.