

Out-of-Hospital Birth Documentation Form 204

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

Applicants must keep the original client charts, copies, or best written documentation for all births.

This form must record ten births, not including transports, the applicant attended in an out-of-hospital setting as primary midwife or Primary Under Supervision in the last three years. All births on this form must be **done in the U.S./Canada**.

These births may also have been listed on other forms in this application such as Births as Primary Under Supervision Form 112a-e or Continuity of Care—Practical Experience Form 200.

*** Preceptors must initial this form for MEAC and UK Registered Midwife applicants.** Witnesses may initial the information for those applying through the CNM/CM or State Licensed category.

Birth #	Client # or Code	Date of Birth	Birth Site ¹	Outcome: including actions, complications, etc.	Preceptor/Witness ² Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

¹Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center;

²Fill out the name, address, phone, signature and initials of each Preceptor/Witness. Attach a copy of this sheet if necessary.

Print Preceptor/Witness Name, Address, Phone	E-Mail address	Preceptor/Witness Initials
1.		
2.		
3.		

All applications, regardless of route of entry, are subject to audit.