

Out-of-Hospital Birth Documentation Form 204

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

- This form must record ten births 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**. Transports may not be listed here.
- These births may or may not also be listed on Continuity of Care—Practical Experience Form 200.
- Applicants must keep the original client charts, copies, or best written documentation for all births.
- **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.