
General Application Form 100b

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

Demographic Information

How many total births have you attended in the last three years? _____

Of these births, how many did you attend as the primary midwife? _____

How many of these births were at home? _____

How many of these births were in a freestanding birth center? _____

How many were planned hospital births? _____

How many were transports from home/birth center? _____

Would you describe your client base as (check all that apply): Rural Suburban Urban

How many hours of Peer Review did you attend in the past three years? _____

What is the average number of other midwives who participate in Peer Review with you? _____

Do you file statistics with MANA? Yes, beginning what date? _____
 No

What is your usual fee? _____

Do you routinely work with: An assistant A student Another midwife

Are you Certified Licensed Registered to practice midwifery

In what state/province? _____

By what agency? _____

Do you get reimbursed by Medicaid? Yes No

Do you get reimbursed by insurance? Usually Sometimes Rarely I don't submit

Are you currently practicing midwifery? Yes No

Are you actively involved in: Midwifery Education Midwifery Research Midwifery Related Politics

How many years have you been practicing midwifery? _____

Have you been a midwifery preceptor in the past three years? Yes, # of students: _____
 No