

## Births as an Observer Form 110a - Phase 1, 1 of 2

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

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Document attendance at ten births in any setting in any capacity (observer, doula, family member, friend, beginning student, etc.). *You cannot count your own personal birth.* These births may be verified by any witness who was present at the birth.

Two planned hospital births must be documented in Phase 1. At least five home births must be documented in Phases 1, 2, and/or 3.

Births on this form must be listed in chronological order and may not be listed on other forms.

This form may be submitted prior to or along with Phases 2 or 3.

Birth #	Client # or Code	Date of Birth	Planned setting for birth <sup>1</sup>	Actual site of birth <sup>1</sup>	Brief description of observer's role	Witness <sup>2</sup> Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

<sup>1</sup>Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.)

<sup>2</sup>Witness: anyone other than the applicant present at the birth shall initial this column.

**The column for "Preceptor/Witness Initials" must *only* be initialed by the actual preceptor/witness.**

**Births as an Observer Form 110a, - Phase 1, 2 of 2**

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

To be filled out and initialed by **each** witness listed on Births as an Observer Form 110.

Print Witness(es) Name, Address, Phone	E-Mail address	Witness Initials
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		