

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.

PEP and MEAC applicants must include at least two planned hospital births and five home births on this form.

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 student demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the student’s performance of skills and decision making.

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