

Births as Primary under Supervision Form 155

Initial Prenatal Examinations

Applicant's Name: _____ Social Security #: _____

Please **carefully** read instructions for filling out this form and what it must document.

Note to the Preceptor: Every space for each birth must be completed or crossed out before you initial.

Exam #	Client # or Code	Date Applicant did Initial Prenatal Exam	Preceptor Initials	Comments about Initial Prenatal Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Must document a total of 20 Initial Prenatal Exams

List of Preceptors or Witnesses Form 156

Applicant's Name: _____ Social Security #: _____

Below, print the name, address and phone of **each Preceptor or Witness** who initialed a birth listed on Alaska or New Hampshire Births as Primary under Supervision Form 155, Initial Prenatal Examinations. You may make as many copies of this form as necessary to include all Preceptors and Witnesses.

Print name, address and phone number of each Preceptor	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Births as Primary under Supervision Form 157

Postpartum Examinations

Applicant's Name: _____ Social Security #: _____

Please **carefully** read instructions for filling out this form and what it must document.

Note to the Preceptor: Every space for each birth must be completed or crossed out before you initial.

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

Must document a total of 40 postpartum exams.

List of Preceptors or Witnesses Form 158

Applicant's Name: _____ Social Security #: _____

Below, print the name, address and phone of **each Preceptor or Witness** who initialed a birth listed on Alaska or New Hampshire Births as Primary under Supervision Form 157 Postpartum Examinations. You may make as many copies of this form as necessary to include all Preceptors and Witnesses.

Print name, address and phone number of each Preceptor	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	