

Births as Primary or Primary under Supervision Form 151

Applicant's Name: _____ Social Security #: _____

Applicant must keep copies or the original client charts for all births. This form must record: twenty (20) initial prenatal examinations; fifteen (15) prenatal examinations; fifteen (15) postpartum examinations; and ten (10) out-of-hospital births.

Note to the Preceptor or Witness: Make certain every space for that birth or procedure is completed or has been crossed out before you initial it.

Birth #	Client # or Code	Prenatals		Birth Site ¹	Date of Birth	New-born Exam y/n?	# PP Visits	Preceptor or Witness ² Initials	Outcome: including actions, complications transfers, etc.
		Initial y/n?	# Visits						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Totals:									# out-of-hospital births ³ : _____

¹Birth Site: **HM** = Home; **FBC** = Free-standing Birthing Center; **HBC** = Hospital Birthing Center; **H** = Hospital; **O** = Other (car, outside, etc.)

²Witness: anyone other than the applicant present at the birth.

³See definition in *Candidate Information Bulletin* (CIB)

List of Preceptors or Witnesses Form 152

Applicant's Name: _____ Social Security #: _____

Below, print the name, address and phone of **each Preceptor or Witness** who initialed a birth listed on Births as Primary or Primary Under Supervision Form 151. 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.	

Continuity of Care—Practical Experience Form 200

Applicant's Name: _____ Social Security #: _____

Applicant must keep copies or the original client charts for all births.

This form must record three (3) births for which the applicant provided at least four (4) prenatal visits, birth, one (1) newborn examination, and one (1) postpartum examination as primary or primary under supervision.

These births may also have been listed on other forms in this application such as Births as Primary under Supervision Form 112a-e, Report of Clinical Experience Form 121 or Out-of-Hospital Birth Documentation Form 204.

Birth #	Client # or Code	Prenatals		Birth Site ¹	Date of Birth	New-born Exam y/n?	# PP Visits	Witness ² Initials	Outcome: including actions, complications, etc.
		Initial y/n?	# Visits						
1									
2									
3									

¹Birth Site: **HM** = Home; **FBC** = Free-standing Birthing Center; **HBC** = Hospital Birthing Center; **H** = Hospital; **O** = Other (car, outside, etc.)

²Witness: anyone other than the applicant present at the birth

Fill out the name, address, phone, signature and initials of each Witness². Attach a copy of this sheet if necessary.

Print Witness(es) ³ Name, Address, Phone	Signature	Initials
1.		
2.		
3.		