

Births as an Active Participant Form 111

Applicant's Name: _____ Social Security #: _____

Most of the dates for the births on this Form 111 need to be completed and documented by the applicant *before* the starting date of births on Form 112. The date of births on this form need to be listed in chronological order. All spaces need documentation. Original charts will be kept by the primary care provider. The applicant is encouraged to keep personal documentation of each birth as well.

Birth #	Client # or Code	Date of Birth	Birth Site ¹	Skills performed at birth and outcome of birth ²	Witness ³ Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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

²See page 7, point 9 - NARM Policy Statement on Preceptor/Apprentice Documentation

³Witness: anyone other than the applicant present at the birth

Fill out the name, address, phone, signature and initials of each Witness³. Attach a copy of this sheet if necessary.

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