

Out-of-Hospital Birth Documentation Form 204

Applicant's Name: _____ Social Security #: _____

Applicants must keep the original client charts, copies, or best written documentation for all births.

This form must record ten births, not including transports, the applicant attended in an out-of-hospital setting as primary midwife or primary under supervision in the last three years.

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 Continuity of Care—Practical Experience Form 200.

* Preceptors must initial forms for Entry-Level and MEAC applicants. Witnesses may initial the information for those applying through other categories.

Birth #	Client # or Code	Date of Birth	Birth Site ¹ *	Preceptor/ Witness* Initials	Outcome: including actions, complications, etc.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

¹Birth Site: **HM** = Home; **FBC** = Free-standing Birthing Center

*If any births occurred in Out of Country (OOC) sites, please add "**OOC**" along with the Birth Site Code in the "Birth Site." You will also need to complete the Out of Country Births Form 230 available at www.narm.org or from NARM Applications.

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

Print Preceptor/Witness* Name, Address, Phone	Signature	Initials
1.		
2.		
3.		

All applications, regardless of route of entry,
are subject to audit.