

# Continuity of Care—Practical Experience Form 200

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

For each birth recorded below, the applicant must have provided at least: four prenatal visits, birth, one newborn examination, and one 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.

\* Preceptor initials are required for Entry Level and MEAC applicants. Witnesses may initial the information for those applying through other categories.

Birth #	Client # or Code	# Prenatal visits	Birth site <sup>1</sup>	Date of Birth	New-born exam y/n?	# PP visits	Preceptor/-Witness* Initials	Outcome: including actions, complications, transfers, etc.
1								
2								
3								

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

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.