

# 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.

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.

\* 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	Date of Birth	Birth Site <sup>1</sup>	Preceptor/Witness* Initials	Outcome: including actions, complications, etc.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<sup>1</sup>Birth Site: **HM** = Home; **FBC** = Free-standing Birthing Center

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.