Student Program

Full Legal Name: _____ Date: _____

Address: _____
Street City State/Province Zip/Postal Code

Home phone (land line): _____ Cell phone: _____

Work Phone: _____ Other Phone: _____

E-mail address: _____ (Please print CLEARLY!)

Date of birth:_____ Social Security Number/Social Insurance Number: _____

Do you smoke? Yes No

What dates are you requesting for your clinical experience with BetterBirth, LLC? _____

For which track are you applying? ___ Active Participant ___ Primary Under Supervision

Complete the following table of experiences you have already completed:

Experience	**As an Active Participant***	**As Primary Under Supervision****	**Other (Niether Active Participant nor Primary Under Supervision)**
Labor support in the role of doula			
Initial Prenatal Exam (includes history taking, general physical exam and pelvic/vaginal exam)			
Return Prenatal Exam			
Labor & Delivery (Birth)			
Postpartum Exam			
Newborn Exam			
Continuity of Care as Primary Under Supervision***			

* Active Participant means you were physically present and participated in a clinical role.
**Primary Under Supervision means you acted in all respects as the primary midwife but had a qualified supervisor in the room.
*** Continuity of care means you acted in all respects as the primary midwife (but had a qualified supervisor in the room) for at least 4 prenatal visits, birth, one postpartum visit, and the newborn exam *for the same client*.

Describe your education in midwifery to this point:

Submit with this application:

- ❑ A current copy of your transcript (if you have attended a midwifery school)
- ❑ Evidence that you have completed an in-person doula course
- ❑ Infant and Adult Cardio-pulmonary Resuscitation (CPR) certificate
- ❑ Neonatal Resuscitation Program (NRP) certificate
- ❑ Student Self-Assessment
- ❑ At least one Preceptor Assessment (sent directly from preceptor to BetterBirth, LLC). You may submit more preceptor assessments if you feel they are necessary to ensure proper assessment of your skills. This is particularly important if different preceptors have trained you or observed you in different sets of skills. If that is the case, you may instruct each preceptor to limit her responses to only a particular set of questions on the Preceptor Assessment.

I hereby grant permission to BetterBirth, LLC or its agent to conduct a criminal background check on me.

_____ _____

Student Signature Date