

MONTANA BOARD OF ALTERNATIVE HEALTH CARE
301 SOUTH PARK, 4th FLOOR
PO BOX 200513
HELENA MONTANA 59620-0513
(406) 444-5773 FAX (406) 841-2305
 Email: dlibsdahc@mt.gov Website: www.althealth.mt.gov

REQUEST TO SUPERVISE LEVEL II AND LEVEL III APPRENTICES
Documentation of Continuous Birth Experience

Name: _____ **Midwife License #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____ **Date of Full Licensure:** _____

BIRTH EXPERIENCE REQUIREMENTS: A licensed direct-entry midwife supervisor shall have 20 post-licensure continuous care births as primary attendant, reviewed and accepted by the Board, before supervising Level II and Level III apprentices.

INSTRUCTIONS: List in chronological order - oldest birth first. Submit a copy of your records that show the continuous care births. Number your records in date-of-birth order and record the date-of-birth #1 on line #1.

ALL IDENTIFYING INFORMATION MUST BE REMOVED FROM RECORDS SUBMITTED TO THE BOARD.

Oldest Birth First	Date of Birth	Parent's Initials or ID Number	Baby's First Name	Hospital Transport Required?	
1.				Yes	No
2.				Yes	No
3.				Yes	No
4.				Yes	No
5.				Yes	No
6.				Yes	No
7.				Yes	No
8.				Yes	No
9.				Yes	No
10.				Yes	No
11.				Yes	No
12.				Yes	No
13.				Yes	No
14.				Yes	No
15.				Yes	No
16.				Yes	No
17.				Yes	No
18.				Yes	No
19.				Yes	No
20.				Yes	No