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. **Continuous Care** is defined as a birth which has at least five prenatal visits, one of which must have been performed before the beginning of the 28th week of gestation, as determined by the last menstrual period or sonogram, and includes one postnatal visit. The Board will accept a limited number of births involving transport to the hospital, as long as other continuous care requirements have been met.

INSTRUCTIONS: List in chronological order - oldest birth first. Submit a copy of your records that show the continuous care births. Staple the pages together for each birth submitted, approximately 3 pages per birth. 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