Montana Department of
LABOR & INDUSTRY

Continuous Care Births

for Direct-Entry Midwifery

Last updated 6/29/2026

To satisfy Montana Code Annotated 37-27-201(d)(iii)(C), upload this completed form (or else three copies of the North American Registry of Midwives' "Continuity of Care—Practical Experience Form 200, page 1 of 3") to your online application, or email the form(s) to dlibsdahc@mt.gov. Use a separate form for each preceptor.

Applicant name:_____

Applicant license or application number (if known):_____

Applicant email:_____ Phone:_____

Preceptor name:_____

Preceptor license number:_____ State issued:_____

Birth	Client Number or Code	Number of Prenatal Visits	Date of First Prenatal	Date of Last Prenatal	Birth Site*	Date of Birth	Newborn Exam Y or N?	Number of Post-Partum Visits	Preceptor Initials
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

**Birth Site: HM = Home; FBC = Freestanding Birth Center*

I the undersigned attest that the data reported on this form is true.

Preceptor signature:_____

Date:_____