



HEALTH LICENSING OFFICE
Board of Direct Entry Midwifery

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Direct Entry Midwifery Self Study Continuing Education Verification

Licensee Information

LICENSEE NAME		LICENSE NUMBER
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	BUSINESS PHONE	E-MAIL

Type of Study

Correspondence/National Home Study

Name of provider:

Publication Textbook Printed Material Audio

Name of publisher:

Date of publication: ISBN Identification #:

Online Video Slides Film

Name of sponsor/producer:

Date of production: Catalog Number:

Completion and Clock Hours

DATE OF COMPLETION	DURATION OF STUDY IN CLOCK HOURS
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Approved Self-Study (up to 9 clock hours): Check box(s) indicating relevant area(s) outlined in OAR 332-0020-0010(1) and ORS 687.405 for continuing education.

- | | |
|---|---|
| <input type="checkbox"/> Supervision of Conduct of Labor and Childbirth | <input type="checkbox"/> Patient Charting |
| <input type="checkbox"/> Parental Advice to the Progress of Childbirth | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Prenatal, Intrapartum and Postpartum Care | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Newborn Assessments | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Cultural Competency | |

Description of Content (How Course is Relevant to Topics Listed Above):

Empty box for description of content.

➔ Licensee Signature:

Date: / /