

APPLICATION FOR THE NATURAL CHILDBIRTH CERTIFICATE

Full Name: _____ Date: _____
(As you want it on your certificate)

Oregon ND License #: _____ Other State(s) holding ND License and No.: _____
(Must hold an active ND license in Oregon to apply for Natural Childbirth Certificate in Oregon)

Mailing Address: _____

Telephone #: _____ E-mail address: _____

Signature: _____



**TO BE ELIGIBLE FOR CERTIFICATION TO PRACTICE NATURAL CHILDBIRTH, AN APPLICANT
MUST FULFILL REQUIREMENTS LISTED BELOW,
FURNISH PROOF OF CURRENT NEONATAL RESUSCITATION CERTIFICATION,
AND PAY A NON-REFUNDABLE \$60 CERTIFICATION FEE.**

To Be Completed By Applicant:

Applicant must answer and provide the OBNM with proof of the following:
(Use another sheet of paper if additional space is needed. Put your name and ND number on each page)

1. Naturopathic degree granted by _____ date: _____

2. OB education obtained from _____ date: _____

3. OB courses attended/ credit hours granted:

4. OB preceptorship/residency/internship/apprenticeships completed (include named of licensed supervisor & dates involved):

5. Any post-graduate OB training (include supervisor names & dates):

6. Year began attending births: _____
Number of births to date: _____ Average per year _____

7. Provide the appropriate logs signed by the licensed primary attendants showing the applicant has assisted at 50 births, has assisted in the prenatal care of 50 women (at least 150 prenatal visits), and has assisted in the postpartum care of 50 women (at least 100 visits), in a clinic, home or hospital setting. The log must include the initials of the baby, date of birth, city and state where the birth took place, and the name of the supervising licensed physician with specialty training in obstetrics / natural childbirth.

- The Board recognizes that assisting at most births, regardless of setting or therapeutic interventions used, provides valuable educational experience. However, because the Board's purpose is to license physicians who provide Natural Childbirth services in the out-of-hospital setting, a limit of 10 births attended in-hospital, observation only, will be accepted as part of the fifty birth requirement.
- How many of the births you are submitting were in-hospital, observation only, including in the role of a doula? _____
- How many of the births you are submitting were hospital transports? _____ (If you began attending at home or a birth center, a transport is not observation only.)

8. Provide evidence of passing a specialty examination in Natural Childbirth that is approved by the OBNM.

Return this completed form with all required supporting documentation, and \$60.00 (non-refundable) to: Oregon Board of Naturopathic Medicine



BOARD USE ONLY

This section to be completed by the Board appointed reviewing ND and Board staff:

Application Reviewed on: _____ by: _____
(Date) (Print name)

BIRTH LOG (50): _____ EDUCATION: ND degree: _____

Prenatal Log (50 women, 150 total visits): _____ OB Didactic: _____

Postpartum Log (50 wmn, 100 visits total): _____ Postgraduate: _____

Birth Summary and Assessment (50): _____ Start date: _____
Completed date: _____

CONCERNS: _____ (y/n/ see birth log) EXAM DATE: _____
Times taken: _____
Score: _____ (P/F)

Neonatal exp: _____

Reviewer met with applicant on _____ Signed: _____