



OVERS Birth Attendant Form

Submit completed form to:

Email: CHS.OVERSuccess@oha.oregon.gov

Fax: 971-673-1201

Use this form to request a birth attendant to be added to the Oregon Vital Events Registration System (OVERS). When a birth attendant is added to OVERS, they can be selected from the Attendant page of a birth or fetal death report.

BIRTH ATTENDANT

Birth Attendant Name: _____
(First) (M.I.) (Last)

Professional Title: ☐ CNM /NP ☐ DO ☐ LDM ☐ MD ☐ ND

Professional License Number (*Oregon licenses only*): _____

National Provider Identifier (NPI): _____

Birth Attendant's Facility Name: _____

Birth Attendant's Facility Address: _____

City: _____ County: _____ Zip Code: _____

Facility Mailing Address (*if different*): _____

City: _____ County: _____ Zip Code: _____

SUBMITTED BY

(Person submitting request to add birth attendant to OVERS)

Name of Person Submitting Information: _____
(First) (M.I.) (Last)

Facility Name: _____

Work Phone: _____ Work Email: _____

Facility Address: _____

City: _____ County: _____ Zip Code: _____

CHS USE ONLY

CHS Official: _____

Date Added: _____