

OVERS Enrollment Form - Midwives Center for Health Statistics

Submit completed form and documents to:

Email: CHS.OVERSuccess@oha.oregon.gov

Fax: 971-673-1201

Only the attendant of a birth can certify a report of live birth occurring outside of a licensed facility (ORS 432.088(5)) and may only do so if present at the birth as the primary attendant. Reports of live birth are required to be filed with the Center for Health Statistics within five days after the birth in accordance with ORS 432.088(1).

Please notify us immediately if your contact information, license or employment changes.

APPLICATION WILL BE REJECTED IF NOT COMPLETE.

Applicant Information:

Name _____
(First) (M.I.) (Last)

Residential Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____ FAX # _____

Personal Email Address _____
(Do not use business or shared email address)

Title _____

License # _____ Licensed Midwife
Registration Expiration Date _____

If you are associated with a birthing facility, please also complete the following:

Name of Associated Licensed Freestanding Birthing Ctr. _____

Facility Address: Street _____ City _____

State _____ Zip _____ Facility Telephone # _____

By signing below, I attest that:

- I am the applicant.
- The above information is true and correct to the best of my knowledge.
- I recognize that my activities relating to OVERS will be monitored.
- I will not share my username or password.

Signature of Applicant: _____ Date: _____

CHS USE ONLY

Two Types of ID Shown: **Photo ID** _____ and _____ (Date) _____

CHS Official: _____ Date Account Created: _____ Username: _____

☐ Info. complete ☐ Setup in OVERS ☐ Added to listserv ☐ Sent email Updated: 10/25