

OVERS Birth Attendant Form

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.

Fax completed form to 971-673-1201.

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: _____