



**OVERS Registration Application for Midwives  
Center for Health Statistics**

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 or Traditional  
Midwife Registration Expiration Date \_\_\_\_\_

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

Name of associated Licensed Freestanding Birthing Center \_\_\_\_\_

Facility Address Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Facility Telephone Number \_\_\_\_\_

*I attest that the above information is true and correct to the best of my knowledge. I will protect my OVERS username and password and not share them with anyone.*

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX to: 971-673-1201**

**CHS USE ONLY**

Two types of Identification Shown: **Photo ID)** \_\_\_\_\_ **and)** \_\_\_\_\_

Date Fingerprints Registered: \_\_\_\_\_ State official: \_\_\_\_\_