

Phone: 503-378-8667 | Fax: 503-370-9004 www.healthoregon.org/hlo | Email: hlo.info@state.or.us

	www.nealthorego	<u> in.org/filo</u> Eli	iali. <u>Ilio.ililo@state.or.us</u>	
Direct Entry I	Midwifery Se	elf Study	Continuing Ed	lucation Verification
Licensee Informa	tion			
LICENSEE NAME			LICENSE NUMBER	
PHONE: ☐ HOME ☐ CELL BUSINESS PHONE E-MAIL				
Type of Study				
☐ Correspondence/Nation	onal Home Study			
Name of provider:				
☐ Publication ☐ Textb	ook 🗌 Printed Ma	terial 🗌 Aud	io	
Name of publisher:				
Date of publication: ISBN Identif				
☐ Online ☐ Video ☐ S	lides 🗌 Film			
Name of sponsor/producer	r:		_	
Date of production: Catalog Number:				
Completion and C	lock Hours			
DATE OF COMPLETION DURATIO		N OF STUDY IN CLOCK HO	JRS	
Approved Self-Stu OAR 332-0020-0010(1)				ating relevant area(s) outlined in
☐ Supervision of Cond	luct of Labor and (Childbirth	☐ Patient Chartiı	ng
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	he Progress of Ch	ildbirth	☐ Ethics	
Prenatal, Intrapartu		m Care	☐ Communicatio	
□ Newborn Assessments□ Cultural Competency			☐ Professional D	evelopment
Description of Cont	tent (How Cours	se is Releva	nt to Topics Listed	Above):