

Determination of Eligibility for Birthing Center Licensure

Clinic name: _____

Address: _____

City: _____ State: OR ZIP: _____

Administrator name: _____

Email address: _____

According to Oregon Administrative Rule 333-076-0450(1), a Birthing Center is defined as:

"Free Standing Birth Center' ('Birthing Center' or 'Center') means any health care facility (HCF), licensed for the primary purpose of performing low risk deliveries that is not a hospital, or in a hospital, and where births are planned to occur away from the mother's usual residence following normal, uncomplicated pregnancy."

Please answer the following questions:

1. Where do planned deliveries/births take place?

Check all that apply.

Private residence

Clinic

Hospital

Other (*specify*): _____

2. In the Clinic, is there a distinct area specifically used for deliveries/births?

Yes

No

3. How often do you perform deliveries/births per month? Please estimate average total amount of deliveries/births.

_____ Total deliveries/births per month

Other (*explain*): _____

4. Please list the types of services/treatments you provide and the estimated frequency of those listed services/treatments per week in the table below. If you

need additional space, please list additional services/treatments on a separate piece of paper and include with this form.

Types of Services/Treatments	Estimated number per week
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Facility Administrator: I attest, under penalties of perjury, that I have answered all the above questions to the best of my knowledge and belief; and that this information is true, correct and complete.

Administrator signature: _____ Date: ____ / ____ / ____

Print name: _____

Please mail this form to: Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 465
Portland, OR 97232