# Certified Birth Assistant

## Requirements

Fill out and submit $\underline{ ext{Application}}$ , Form $\mathtt{BA-100}$
Submit copy of Traditional Birth Attendant course completion certificate
Submit copy of Doula course completion certificate
Submit copy of Childbirth Education course completion certificate
Submit copy of Breastfeeding course completion certificate
Submit $500$ documented contact <u>Supervised Clinical</u> hours, Form BA- $200$
Submit completed Reading Requirement, Form BA-201
Submit copy of CPR certification
Submit copy of NPR certification
Submit completed <u>Assessment</u> , Form BA-202
Submit <u>Birth Assistant Examination</u> scores
Submit $\$100$ certification and processing fee



#### Form BA-100

#### Birth Assistant APPLICATION

	Applicant Name:			M	Attach Current Passport
Las	t Name	First Name		Middle Name	Photo Here
2.	Current Mailing	Address:			
Str	eet	City		State	Country
3.	Current Contact	Information			
E-M	ail		C€	ll Phone Number	
Ιf	yes, please exp	een accused of or lain in detail. I paper, sign, date	[f you need	additional spa	
5.	Date of Birth:	Month Day	Year Pl	ace of Birth _	
6.	Date and Place	of Completion of	Traditiona	l Birth Attenda	ant Certificate Course
Dat	e St	ate	Country		
7.	Name of Course	Instructor	Last Na	me I	First Name
8.	Primary Area/Re	gion of Desired B	Practice		

Form BA-200

Supervised Clinical Contact Hours

500 Supervised contact hours are considered hours spent observing, interacting and participating as an active birth assistant in an out-of-hospital setting <u>in the presence of</u> a skilled, trained and approved supervisor.

Contact hours will be accepted as supervised hours spent with the mother in labor prior to midwife's arrival (not in the presence of) if the assistant has 250 previously documented direct supervision hours, the midwife has sent the assistant and is in contact throughout.

A client code is considered: first initial, last name followed by a number in numeric order of contact. Example: Sally Smith is the third woman you have taught, her code should be: ssmith003

Date	Number of Hours	Client Code	Supervisory Signature	Date	Number of Hours	Client Code	Supervisory Signature



Form BA-201

#### Required Reading List

Initial and date beside each book upon completion. Briefly state your greatest take-away from each book and how you will apply it in your service as a birth assistant.

1. A Book for Midwives Susan Klein
Initial Date
Take-Away and Application:
2. Ina Mae's Guide to Childbirth Ina Mae Gaskin  Initial Date
Take-Away and Application:



### Form BA-202

#### Assessment Form

Supervising Midwife Name:				
Supervising Midwife Name:	Last	First	Approved Credenti	al
Contact Information:				
Contact Information:Cell I	Phone Numb	per	E-Mail	
Applicant's Name:	<del>-</del>			
			First	
Applicant's Contact Information	on:			
	Cell Ph	none Number	E-Mail	
Dates of Supervision:				
Number of Births Attended:				
Please write a brief summery o	nf the anr	olicant's skill	and commetence level.	
ricase write a brief summery	or the app	pricanc 5 5krii	and competence level.	

#### Form BA-202

## Assessment Form (continued)

Suggestions for growth: (Please indicate here what was not e time of service. This is to be beneficial for the BA to lear mothers, families and midwives in the future.)		
Would you recommend this applicant for certification?		
(Please circle) Yes No		
If NO, please indicate why in detail:		
Signature	Date	 