

---

# General Application Form 100b

Applicant's Name: \_\_\_\_\_ Last four digits of Social Security #: \_\_\_\_\_

## Demographic Information

How many total births have you attended in the last three years? \_\_\_\_\_

Of these births, how many did you attend as the primary midwife? \_\_\_\_\_

How many of these births were at home? \_\_\_\_\_

How many of these births were in a freestanding birth center? \_\_\_\_\_

How many were planned hospital births? \_\_\_\_\_

How many were transports from home/birth center? \_\_\_\_\_

Would you describe your client base as (check all that apply):  Rural  Suburban  Urban

How many hours of Peer Review did you attend in the past three years? \_\_\_\_\_

What is the average number of other midwives who participate in Peer Review with you? \_\_\_\_\_

Do you file statistics with MANA?  Yes, beginning what date? \_\_\_\_\_

No

What is your usual fee? \_\_\_\_\_

Do you routinely work with:  An assistant  A student  Another midwife

Are you  Certified  Licensed  Registered to practice midwifery

In what state/province? \_\_\_\_\_

By what agency? \_\_\_\_\_

Do you get reimbursed by Medicaid?  Yes  No

Do you get reimbursed by insurance?  Usually  Sometimes  Rarely  I don't submit

Are you currently practicing midwifery?  Yes  No

Are you actively involved in:  Midwifery Education  Midwifery Research  Midwifery Related Politics

How many years have you been practicing midwifery? \_\_\_\_\_

Have you been a midwifery preceptor in the past three years?  Yes, # of students: \_\_\_\_\_

No