

POSTPARTUM VISITS AS AN OBSERVER FORM

Applicant's Name _____ Last four digits
Social Security # _____

Document attendance at 10 Postpartum visits at least 24 hours after the Birth in any capacity (observer, doula, family member, friend, beginning apprentice, etc.) These postpartum visits may be verified by any witness who was present at the postpartum visit. Add these witnesses to the Witness Form.

#	Client Code	Date of Exam	Witness Initial	Comments about Postpartum Exam
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				