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**Breech Births Attended as Assists Form 777 (page 1 of 4)**  
**as Prior to working with a Preceptor**

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

Please ***carefully*** read instructions for filling out this form and what it must document, and list these births in chronological order. Assisting at a breech birth consists of charting, taking heart tones, and / or directly assisting the breech preceptor for the breech birth. This may also consist of helping catch the baby or helping with the baby in the immediate postpartum period. The applicant must have an active role beyond labor support or observation.

***Note to the reviewing preceptor: Every space for each birth must be completed before you initial.***

Birth #	Client # or Code	Date of Birth Assist	Preceptor Initials	Comments about birth assist
1				
2				
3				
4				
5				

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**Breech Births Attended as Assists Form 777 (page 2 of 4)**  
**Self-reflection**

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

What was your role in this birth? Was it a planned breech birth? Provide a summary or synopsis of the birth.  
Provide reflections about this experience that may or may not include any of the following: what did you learn that you did not know before this birth? What did you do well? What could you have done differently?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses Present: \_\_\_\_\_

Contact Information for Verification: \_\_\_\_\_

Synopsis:

Problems presented, if any:

Solutions employed, if necessary:

Newborn notes and reflection:

Case reflection:

Questions for feedback:

Post-feedback review:

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Breech Births Attended as Assists Form 777 (page 3 of 4)**  
**Preceptor Discussion**

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

Breech preceptors who did not participate in this evaluation / discussion may review the applicant's self-reflection and discuss potential for each birth assist qualifying for inclusion in applicant's certification application.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Review with applicant:

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Summary on understanding and application:

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Approval given for use for retrospective \_\_\_\_\_ (assist/primary):

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**Preceptor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**List of Breech Preceptors/Witnesses for Births Attended as Assists (page 4 of 4)  
as Prior to working with a Preceptor Form 777**

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

**Please make certain all reviewing preceptors/witnesses meet the qualifications as described in the instructions section “*Breech Competency Certification Policy Statement on Breech Preceptor/Apprentice Documentation.*”**

Below, print the name, address, and phone of each reviewing Breech Preceptor/Witness who initialed a birth or clinical listed on Breech Births Attended as Assists Form 777 (page 1 of 4).

Print name, address, and phone number of each Preceptor/Witness		Preceptor/ Witness Initials
1		
2		
3		

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**Breech Births Attended as Primary Form 778 (page 1 of 4)**  
**as Prior to working with a Preceptor**

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

Please ***carefully*** read instructions for filling out this form and what it must document, and list these births in chronological order. Assisting at a breech birth consists of charting, taking heart tones, and / or directly assisting the breech preceptor for the breech birth. This may also consist of helping catch the baby or helping with the baby in the immediate postpartum period. The applicant must have an active role beyond labor support or observation.

***Note to the reviewing preceptor: Every space for each birth must be completed before you initial.***

Birth #	Client # or Code	Date of Birth Primary	Preceptor Initials	Comments about birth as Primary
1				
2				
3				

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**Breech Births Attended as Primary Form 778 (page 2 of 4)**  
**Self-reflection**

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

What was your role in this birth? Was it a planned breech birth? Provide a summary or synopsis of the birth.  
Provide reflections about this experience that may or may not include any of the following: what did you learn that you did not know before this birth? What did you do well? What could you have done differently?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses Present: \_\_\_\_\_

Contact Information for verification: \_\_\_\_\_

\_\_\_\_\_

Synopsis:

\_\_\_\_\_

\_\_\_\_\_

Problems presented, if any:

\_\_\_\_\_

\_\_\_\_\_

Solutions employed, if necessary:

\_\_\_\_\_

\_\_\_\_\_

Newborn notes and reflection:

\_\_\_\_\_

\_\_\_\_\_

Case reflection:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions for feedback:

\_\_\_\_\_

\_\_\_\_\_

Post-feedback review:

\_\_\_\_\_

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\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Breech Births Attended as Primary Form 778 (page 3 of 4)**  
**Preceptor Discussion**

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

Breech preceptors who did not participate in this evaluation / discussion may review the applicant's self-reflection and discuss potential for each birth assist qualifying for inclusion in applicant's certification application.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Review with applicant:

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Summary on understanding and application:

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Approval given for use for retrospective \_\_\_\_\_ (assist/primary):

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**Preceptor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**List of Breech Preceptors/Witnesses for Births Attended as Primary (page 4 of 4)  
as Prior to working with a Preceptor Form 778**

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

**Please make certain all reviewing preceptors/witnesses meet the qualifications as described in the instructions section “*Breech Competency Certification Policy Statement on Breech Preceptor/Apprentice Documentation.*”**

Below, print the name, address, and phone of each reviewing Breech Preceptor/Witness who initialed a birth or clinical listed on Breech Births Attended as Primary Form 778 (page 1 of 4).

Print name, address, and phone number of each Preceptor/Witness		Preceptor/ Witness Initials
1		
2		
3		