Breech Competency Documentation
Form 700 – Breech Primary Under Supervision (page 1 of 3)

Step 1 – Instructions
A. Provide verification of current Adult CPR and neonatal resuscitation certification.
B. Complete Forms 700a-i.
C. Provide verification from the breech preceptor(s) that the applicant has achieved proficiency on each area listed on Form 701 Breech Skills, Knowledge, and Abilities Essential for Competent Practice Verification Form.
D. Provide a statement from the preceptor(s) asserting that the applicant has developed and utilizes:
   1. Practice Guidelines;
   2. Emergency Care Form;
   3. Informed Disclosure (given at initiation of care); and
   4. Informed Consent documents (used for shared decision making during care).

Births as Primary Under Supervision Form 700a-e documents the following minimum requirements for Breech Competency Documentation: (The applicant must initial in each space or cross through it for each birth or procedure before the Breech Preceptor signs.)
I. Functioning in the role of primary provider under supervision, the applicant must attend a minimum of:
   A. 10 breech births documented on Form 700b which show the following: No more than three (3) of the births attended may be transports from an OOH setting. A transport is defined as “someone transferred during labor to another primary care giver prior to the birth of the baby.”
      A. 20 prenatal exams documented on Form 700c
      B. 10 newborn exams documented on Form 700d
      C. 10 postpartum exams documented on Form 700e

Form 700f is a summary form to make sure you have documented the necessary procedures above.

✓ The Applicant must have access to the original client charts for all births and procedures documented on Form 700a-e. The original client charts shall be kept by the preceptor. The Breech Competency Documentation may request specific charts for audit purposes.
✓ Protect the privacy of the applicant’s clients by identifying each reported birth and/or exams on all Forms with a unique client code under “Client # or Code,” using the same code for the same client throughout the application. Repeat clients need to have a different code for each pregnancy. Do not use first or last names.

Each Breech Preceptor who initialed a birth or clinical on Breech Primary Under Supervision Form 700a-e must be listed on List of Preceptors for Birth Experience Form 700h and must individually fill out a copy of Verification of Breech Birth Experience Form 700i.
Checklist for Breech Competency Documentation
Form 700 (page 2 of 3)

Applicant’s Name: ___________________________ Last four digits Social Security #: ____________

Step 2 – Checklist
✓ Important: Send all application materials in one package. Incomplete applications or applications that are not legible will be returned.
✓ Use only official forms for all materials submitted. Do not make up forms.
✓ Make a copy of all completed Breech Competency Documentation Application Forms filled out in English. Send the original with the application and keep a copy for your records. Original refers to the application forms and notarized documents.
✓ Applications should not be submitted in binders or plastic sleeves.
✓ All supportive documentation (licenses, diplomas, certificates, transcripts, etc.) must be translated into English with a notarized copy of the original and the translation. The notary must be fluent in both languages.
✓ All fees are to be paid with certified check or money order in US funds made out to Breech Competency Documentation. Credit cards are also accepted (an approximate 7% handling fee will apply). Personal checks are not accepted.
✓ Confirm that all breech preceptors are registered with Breech Competency Documentation.

Return this checklist along with the following:
☐ Application Fee:
  ☐ $ (certified check or money order in US funds), or
  ☐ $ by credit card
  If paying by credit card, please indicate card type*: ☐ Visa ☐ MasterCard
  Credit card #: ___________________________ Exp. date: ____________
  Name on card: _______________________________________________________________
*By providing your credit card details, you are authorizing Breech Competency Certification to process your payment including the handling fee.

☐ Copies of both sides of current Adult CPR and neonatal resuscitation certification. Both CPR and neonatal resuscitation require a hands-on skills evaluation by a certified instructor. Breech Competency Documentation strongly encourages CPR be a Health Care Provider course.
☐ Births as Breech Primary Under Supervision Form 700a-e.
☐ List of preceptors for Birth Experience Form 700h describing every preceptor who signed Breech Primary Under Supervision Form 700a-e. Each preceptor who initialed a procedure listed on Primary Under Supervision Form 700a-e, must be listed on List of Breech Preceptors for Breech Birth Experience Form 700h and must individually fill out a copy of Verification of Breech Birth Experience Form 700i.
☐ One copy of the Verification of Breech Birth Experience Form 700i for each preceptor listed on List of Preceptors for Birth Experience Form 700h.
Checklist for Breech Competency Documentation
Form 700 (page 3 of 3)

Applicant’s Name: ___________________________ Last four digits Social Security #: ____________

❑ This Checklist Form 700.
❑ Breech Education Form 700g.
❑ Breech Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 701a.
❑ Breech Preceptor Verification Form 702 (each preceptor who has verified skills on the Comprehensive Skills, Knowledge, and Abilities Essential for Breech Verification Form 701a must complete and notarize a copy).
❑ Breech Birth Experience Background Form 702 (on preceptor application).

❑ A record of the individuals to whom Reference Letter Forms 701a, b, & c were sent—

Letter of Reference Form 701a, Personal
Name:_________________________________________________ Date sent:____________________
Address:____________________________________________________
City: ________________________ Province/State: ____________ Zip Code: ______________________
Phone Number: (______)_____________

Letter of Reference Form 701b, Professional
Name:_________________________________________________ Date sent:____________________
Address:____________________________________________________
City: ________________________ Province/State: ____________ Zip Code: ______________________
Phone Number: (______)_____________

Letter of Reference Form 701c, Client
Name:_________________________________________________ Date sent:____________________
Address:____________________________________________________
City: ________________________ Province/State: ____________ Zip Code: ______________________
Phone Number: (______)_____________

When all application documents are completed, mail the original (and keep a copy for your records) to:
Breech Competency Documentation:
Please allow at least four months from application submission to Breech Competency Documentation Written Examination eligibility.
Breech Births as Birth Assist Form 700a

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. A maximum of 5 births can be used retrospectively.

Note to the preceptor: Every space for each birth must be completed or crossed out before you initial. Breech preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their Breech Competency Documentation. If applicant is using births prior to working with a preceptor, Form 777 must be filled out as well and indicated under “Preceptor Initials.”

<table>
<thead>
<tr>
<th>Exam #</th>
<th>Client # or Code</th>
<th>Date of Birth</th>
<th>Preceptor Initials</th>
<th>Comments about birth assist</th>
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Breech Births as Primary Under Supervision Form 700b

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. A breech birth as primary under supervision is where the applicant makes pivotal decisions for the clients care under the preceptor’s supervision. The applicant must be the one to catch the baby even if the preceptor directs the applicant.

Note to the breech preceptor: Every space for each breech birth must be completed or crossed out before you initial. Breech preceptors who sign off on experiences they did not witness and is not part of the retrospective review risk losing their ability to sign as a preceptor in the future and also risk losing their Breech Competency Documentation. If applicant is using births prior to working with a preceptor, Form 778 must be filled out as well and indicated under “Preceptor Initials.”

<table>
<thead>
<tr>
<th>Birth #</th>
<th>Client # or Code</th>
<th>Prenatals</th>
<th>Births Site 1</th>
<th>Date of Birth</th>
<th>Newborn Exam y/n?</th>
<th># PP visits</th>
<th>Transports 2</th>
<th>Preceptor Initials</th>
<th>Outcome 2: including actions, complications, transfers, etc.</th>
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<td>Initial y/n?</td>
<td># of visits</td>
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<td># of out-of-hospital births: ____</td>
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</table>

1Birth Site: HM = Home; FBC = Freestanding Birth Center; HBC/H = Hospital Birth Center/Hospital; O = Other (car, outside, etc.). Include no more than three transports. 2The “Outcome” should be very brief—a few words or a simple sentence, but please fill in the description for every birth reported. 3
Breech Prenatal Exams Form 700c
as Breech Primary Under Supervision

Applicant’s Name: ____________________________ Last four digits Social Security #: _________

Please **carefully** read instructions, and list these exams in chronological order. A breech prenatal is one in which a person who has a breech presentation is provided with information that may include: information or counseling related to informed consent for vaginal breech birth, education due to risks and benefits of a vaginal breech vs. a cesarean breech birth, risks and benefits of an ECV, body balancing techniques related to facilitating a cephalic presentation or for general balancing before a planned breech delivery, counseling regarding referrals for delivery, or a standard breech prenatal exam. The prenatal qualifies as a "breech prenatal" regardless of the planned mode of delivery. You must have a minimum of 5 different women for this form. A maximum of 3 visits per client can be used.

**Note to the breech preceptor:** *Every space for each breech birth must be completed or crossed out before you initial. Breech preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their Breech Competency Documentation.*

<table>
<thead>
<tr>
<th>Exam #</th>
<th>Client # or Code</th>
<th>Date Applicant did Initial Prenatal Exam</th>
<th>Preceptor Initials</th>
<th>Comments about initial prenatal</th>
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Breech Newborn Exams Form 700d
as Breech Primary Under Supervision

Applicant’s Name: ____________________________ Last four digits Social Security #: ___________

Please **carefully** read instructions, and list these exams in chronological order. This form must document a total of 10 Breech Newborn Exams within 12 hours of the birth.

*Note to the breech preceptor: Every space for each birth must be completed or crossed out before you initial. Breech preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their Breech Competency Documentation.*

<table>
<thead>
<tr>
<th>Exam #</th>
<th>Client # or Code</th>
<th>Date of Newborn Exam</th>
<th>Preceptor Initials</th>
<th>Comments about newborn exam</th>
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Breech Postpartum Exams Form 700e
as Breech Primary Under Supervision

Applicant’s Name: ____________________________ Last four digits Social Security #: ___________

Please carefully read instructions, and list these exams in chronological order. A postpartum breech visit is a visit that follows up on the well-being of both the mother and/or the baby after the birth and within the first 6 weeks of delivery. This form must document a total of 10 postpartum exams done 12 hours after the birth to six weeks postpartum. You must have a minimum of 5 different women for this form. A maximum of 3 visits per client can be used.

*Note to the preceptor: Every space for each birth must be completed or crossed out before you initial. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their Breech Competency Documentation.*

<table>
<thead>
<tr>
<th>Exam #</th>
<th>Client # or Code</th>
<th>Date of Postpartum Exam</th>
<th>Preceptor Initials</th>
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Summary of all Procedures Form 700f
as Breech Primary Under Supervision

Applicant’s Name: ____________________________ Last four digits Social Security #: ____________

I, ______________________________________________, affirm that I attended and documented 10 breech births: at least five of the 10 births were with women for whom I provided primary care during at least one prenatal visit, birth, newborn exam and one postpartum exam.

I affirm that I performed and documented 15 breech prenatal exams.

I affirm that I performed and documented 10 newborn exams within 12 hours of the breech birth.

I affirm that I performed and documented 10 postpartum exams done 12 hours after the breech birth to six weeks postpartum.

I also affirm that all of the information I have recorded in the “Breech Births as Primary Under Supervision Form 700a-e is true and correct to the best of my ability and that I can provide written documentation that I attended each of the breech births and procedures I have described herein in the capacity of “primary midwife under supervision."

I will provide copies of the clients’ charts with names blanked out and coded with numbers that match birth codes on Forms 700a-e in the event my application is audited.

Applicant’s Signature: __________________________________________________________

Date: __________________________________________________________________________

Subscribed and sworn to before me this ______ day, of the month of _____________ in the year _____.

____________________________________ (Notary Signature)

My Commission Expires: ___________________________________________________________________
Applicant’s Name: ____________________________ Last four digits Social Security #: ___________

I, ______________________________________________, affirm that I successfully completed an approved introductory course to Physiological Breech Birth\(^1\), 5 hours of hands-on simulation, and 10 hours of didactic courses.\(^2\) Didactic courses can be done online or in person. Please include a copy of the certificate of completion for each course/workshop attended. At least 3 of the didactic courses listed are approved courses on the website (_______).

**Physiological Breech Birth Course**

Title: __________________________________________ Date (s): ____________

Location of Course: ____________________________  Approving Organization: __________________

Presenter: _______________________________  Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title: __________________________________________ Date (s): ____________

Location of Course: ____________________________  Approving Organization: __________________

Presenter: _______________________________  Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title: __________________________________________ Date (s): ____________

Location of Course: ____________________________  Approving Organization: __________________

Presenter: _______________________________  Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title: __________________________________________ Date (s): ____________

Location of Course: ____________________________  Approving Organization: __________________

Presenter: _______________________________  Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title: __________________________________________ Date (s): ____________

Location of Course: ____________________________  Approving Organization: __________________

Presenter: _______________________________  Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title: __________________________________________ Date (s): ____________

Location of Course: ____________________________  Approving Organization: __________________

Presenter: _______________________________  Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title: __________________________________________ Date (s): ____________

Location of Course: ____________________________  Approving Organization: __________________

Presenter: _______________________________  Contact hours earned: __________________

Applicant’s Signature:  
___________________________________________________________________

Date: ________________________________

\(^1\) Must be listed courses/workshops or instructors on website;  \(^2\) Must be 3 didactic courses/workshops listed on website
Applicant’s Name: ____________________________ Last four digits Social Security #: ___________

I, ______________________________________________, affirm that I successfully completed an approved introductory course to Physiological Breech Birth\(^1\), 5 hours of hands-on simulation, and 10 hours of didactic courses.\(^2\) Didactic courses can be done online or in person. Please include a copy of the certificate of completion for each course/workshop attended. At least 3 of the didactic courses listed are approved courses on the website (_______).

**Hands-on/Didactic Course (circle one)**

Title:______________________________________________________ Date (s): _____________
Location of Course: _______________________________________________________________
Presenter: _______________________________  Approving Organization: __________________
Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title:______________________________________________________ Date (s): _____________
Location of Course: _______________________________________________________________
Presenter: _______________________________  Approving Organization: __________________
Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title:______________________________________________________ Date (s): _____________
Location of Course: _______________________________________________________________
Presenter: _______________________________  Approving Organization: __________________
Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title:______________________________________________________ Date (s): _____________
Location of Course: _______________________________________________________________
Presenter: _______________________________  Approving Organization: __________________
Contact hours earned: __________________

**Hands-on/Didactic Course (circle one)**

Title:______________________________________________________ Date (s): _____________
Location of Course: _______________________________________________________________
Presenter: _______________________________  Approving Organization: __________________
Contact hours earned: __________________

\(^1\) Must be listed courses/workshops or instructors on website; \(^2\) Must be 3 didactic courses/workshops listed on website

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**Applicant’s Signature:**

___________________________________________________________________
Date: ________________________________
List of Breech Preceptors for Breech Birth Experience Form 700h

Applicant’s Name: ____________________________ Last four digits Social Security #: ___________

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

Below, print the name, address, and phone of each Breech Preceptor who initialed a birth or clinical listed on Breech Primary Under Supervision Forms 700a-e.

<table>
<thead>
<tr>
<th>Print name, address, and phone number of each Preceptor</th>
<th>Preceptor Initials</th>
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Verification of Breech Birth Experience Form 700i
To be filled out by your Preceptor.

Applicant’s Name: ____________________________ Last four digits Social Security #: ___________

Preceptor Name: ____________________________________________________________________
Address: __________________________________________________ City: ____________________
State/Province: _____________________________________ Zip Code: _______________________
Phone: ____________________ Fax: ___________________ E-mail: ________________________

I affirm that the applicant, ______________________________, was acting as Breech Primary Under Supervision which is defined as one who provides all aspects of care as if they were in practice, although a supervising preceptor has primary responsibility and is present in the room during any care provided.

I affirm that I am a primary preceptor who was responsible for the prenatal, intrapartum, postpartum and/or newborn care initialed on Breech Births as Primary Under Supervision Forms 700a-e.

I understand that the Breech Competency Documentation may request specific charts for audit purposes.

I affirm that I have read and understand the current Breech Certification and Breech Competency Preceptor/Apprentice Documentation in the application.

I affirm I supervised for the following procedures that I have signed off on in which this applicant acted as Breech Assist/Primary Under Supervision:

- Number of births as Assist: _________________ Number of births as Primary: _________________
- Number of prenatal exams: _________________ Number of newborn exams: _________________
- Number of postpartum exams: _________________

I affirm that I meet the following acceptable definition of a preceptor:
- I hold a current credential as a ✓ Certified Professional Midwife (CPM), ✓ Certified Nurse-Midwife (CNM) or Certified Midwife (CM), or am a ✓ Licensed practitioner legally recognized by a state/jurisdiction to provide maternity care.
- I have attended at least 10 births in the last three years.

Preceptor’s Signature: _______________________________________________________________
Preceptor’s Initials: __________________________ Date: ________________________________

Subscribed and sworn to before me this _____________ day, of the month of ______________ in the year _____________.

_____________________________________ (Notary Signature)        Notary Seal

My Commission Expires: ___________________________________________