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## 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**.

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## 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 cardIf 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.
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## 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 701 a, 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.

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## 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."***

Exam #	Client # or Code	Date of Birth Assist	Preceptor Initials	Comments about birth assist
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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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."***

Birth #	Client # or Code	Prenatals		Births Site <sup>1</sup>	Date of Birth	New- born Exam y/n?	# PP visits	Trans- ports <sup>2</sup>	Pre- ceptor Initials	Outcome <sup>3</sup> : including actions, complications, transfers, etc.
		Initial y/n?	# of visits							
1										
2										
3										
4										
5										
Totals:									# of out-of-hospital births: _____	

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<sup>1</sup>Birth Site: **HM** = Home; **FBC** = Freestanding Birth Center; **HBC/H** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.). **Include no more than three transports.** <sup>2</sup> The "Outcome" should be very brief—a few words or a simple sentence, but please fill in the description for **every** birth reported.<sup>3</sup>

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## 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.***

Exam #	Client # or Code	Date Applicant did Initial Prenatal Exam	Preceptor Initials	Comments about initial prenatal
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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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.***

Exam #	Client # or Code	Date of Newborn Exam	Preceptor Initials	Comments about newborn exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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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.***

Exam #	Client # or Code	Date of Postpartum Exam	Preceptor Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



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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)

Notary Seal

My Commission Expires: \_\_\_\_\_

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## Breech Education Form 700g

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

I, \_\_\_\_\_, affirm that I successfully completed an approved introductory course to Physiological Breech Birth<sup>1</sup>, 5 hours of hands-on simulation, and 10 hours of didactic courses.<sup>2</sup> 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: \_\_\_\_\_

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: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date (s): \_\_\_\_\_

Location of Course: \_\_\_\_\_

Presenter: \_\_\_\_\_ Approving Organization: \_\_\_\_\_

Contact hours earned: \_\_\_\_\_

<sup>1</sup> Must be listed courses/workshops or instructors on website; <sup>2</sup> Must be 3 didactic courses/workshops listed on website

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

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

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## Breech Education Form 700g (page 2)

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

I, \_\_\_\_\_, affirm that I successfully completed an approved introductory course to Physiological Breech Birth<sup>1</sup>, 5 hours of hands-on simulation, and 10 hours of didactic courses.<sup>2</sup> 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: \_\_\_\_\_

<sup>1</sup> Must be listed courses/workshops or instructors on website; <sup>2</sup> Must be 3 didactic courses/workshops listed on website

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

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

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## 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.

	Print name, address, and phone number of each Preceptor	Preceptor Initials
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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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: \_\_\_\_\_

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