

OVERS Birth Attendant Form

Fax completed birth attendant form to – Attention: Karen Cooper
FAX: 971-673-1202

Use this form to request a birth attendant be added to the birth attendant database in the Oregon Vital Events Registration System (OVERS). Once a birth attendant name is added to the birth attendant database, it can be selected from the attendant page of a birth certificate or fetal death report in OVERS.

This form can be downloaded from the Center for Health Statistics website at:
<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/overs/Pages/Tutorials.aspx>

BIRTH ATTENDANT

Birth attendant name: _____
(First) (M.I.) (Last)

Professional title: CNM /NP DO LDM MD ND

Professional license number (*Oregon Licenses only*): _____

National Provider Identifier (NPI): _____

Birth attendant's facility name: _____

Birth attendant's facility address: _____
City: _____ County: _____ Zip Code: _____

Facility Mailing address (if different): _____
City: _____ County: _____ Zip Code: _____

SUBMITTED BY

(Person submitting request to add birth attendant to OVERS)

Name of person submitting information: _____
(First) (M.I.) (Last)

Facility name: _____

Work phone: _____ Work email: _____

Facility address: _____
City: _____ County: _____ Zip Code: _____

Facility mailing address (if different): _____
City: _____ County: _____ Zip Code: _____