

## 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: \_\_\_\_\_