

## OVERS Birth Attendant Form

Submit completed form to:

Email: CHS.OVERSuccess@oha.oregon.gov

Fax: 971-673-1201

Use this form to request a birth attendant to be added to the Oregon Vital Events Registration System (OVERS). When a birth attendant is added to OVERS, they can be selected from the Attendant page of a birth or fetal death report.

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

### CHS USE ONLY

CHS Official: \_\_\_\_\_

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