

BIODYNAMIC RESUSCITATION OF THE NEWBORN (BRN) Instructor Application Form

___ initial application ___ renewal of instructor certification

Name _____

Address _____

Phone _____ Email _____

I identify as a member of the following races/ethnic groups _____

Please refer to me with the following pronoun: ___she ___he ___they ___other: _____

My credentials are (please check all that apply and **provide a copy** of your most current credential documentation):

- | | |
|--|---|
| ___ CPM – Certified Professional Midwife | ___ CNM – Certified Nurse-Midwife |
| ___ CM – ACNM Certified Midwife | ___ DO – Osteopathic Physician |
| ___ EMT – 1/Basic or 2/Intermediate | ___ EMT – Paramedic |
| ___ LM - Licensed Midwife | ___ LDM – Licensed Direct Entry Midwife |
| ___ MD – Medical physician | ___ ND – Naturopathic physician |
| ___ RN – Registered Nurse | ___ PA – Physician’s Assistant |
| ___ NP – Nurse Practitioner in _____ | |
| ___ Other - _____ | |
| ___ Other - _____ | |

I have been a health care provider since (year) _____

I am/have been certified as a provider of the following resuscitation method(s) (check all that apply and **provide a copy** of your card/certificate):

- | | |
|--------------------|---------------------|
| ___ BRN date _____ | ___ NRP date _____ |
| ___ NLS date _____ | ___ PALS date _____ |
| ___ Other _____ | date _____ |

I am certified as an instructor in the following resuscitation method _____
(**provide a copy** of your card/certificate)

I have attended approximately _____ (number) births including _____ out of hospital..

I have hands-on experience with newborn resuscitation ___yes ___no

I have personally performed the following on a newborn (0-24 hrs old):

- ___ Positive pressure using bag/valve/mask (bvm) approximately _____ times
- ___ Positive pressure using mouth-to-mouth approximately _____ times
- ___ Placed an orogastric tube (number of times _____)
- ___ Chest compressions (number of times _____)
- ___ Intubation (number of times _____)

Why do you want to become a BRN Instructor? What are your goals?

The following individuals, who are not related to me, will be sending recommendation letters directly to BRN:

Name _____ Contact Info _____

Name _____ Contact Info _____

Please initial the following:

____ I understand that I am applying to be trained as an instructor in the Biodynamic Resuscitation of the Newborn (BRN) method of neonatal resuscitation.

____ I understand that this is NOT the Neonatal Resuscitation Program (NRP) method sponsored by the American Heart Association (AHA) and the American Academy of Pediatrics (AAP).

____ I understand that BRN is a low tech method of resuscitation designed for use out-of-hospital, based on findings of the International Liaison Committee on Resuscitation (ILCOR) Neonatal Task Force and other research evidence.

____ I have enclosed the following:

____ \$200 nonrefundable application fee, either a check made out to Birthingway College (please write "BRN Instructor App" in the memo line) OR a copy of your Paypal receipt

____ Copy of all current licenses, certifications, or other health care provider credentials

____ Copy of current BRN provider card

____ Copy of neonatal resuscitation instructor card/certificate (if applicable)

____ The two individuals listed above will be sending letters of recommendation directly to BRN. I understand that the letters must be received by BRN for my application to move forward.

____ I understand that I will incur additional expense to complete my training as a BRN Instructor, including but not limited to expense to attend a BRN workshop, expense of purchasing teaching equipment and supplies, examination fee, certification fee, and expenses incurred for teaching supervision.

____ I understand that, prior to certification as an instructor, I will be required to sign a BRN Instructor Agreement, which states that I will faithfully teach the BRN method and follow BRN policies and procedures.

I have honestly and accurately represented myself and my qualifications and goals in this BRN Instructor Application.

Signature

Date

Printed Name _____

BRN, c/o Birthingway College, 12113 SE Foster Road, Portland, OR 97266 brn@birthingway.edu 503/760-3131

For office us: Received on _____ by _____. Routing: _____ HS _____ FIN _____ HS _____ File