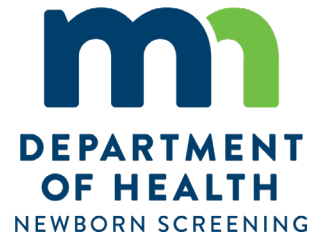


INCREASING ACCESS TO NEWBORN HEARING AND PULSE OXIMETRY SCREENING IN OUT-OF-HOSPITAL BIRTHS



Application

1. Are you currently a midwife practicing in Minnesota?

Yes 1 point

No 2 points

2. Which of the following is true in regards to your **hearing screening** equipment access?

Own 1 point

Share 2 points

Do not have access to equipment 3 points

3. If you have checked “share” in the above question, please expand on how many people you share your **hearing screening** equipment with outside of your practice.

1 person 1 point

2 people 2 points

3 people 3 points

More 4 points

4. Which of the following is true in regards to your **pulse oximetry / CCHD** equipment access?

Own 1 point

Share 2 points

Do not have access to equipment 3 points

5. If you have checked “share” in the above question, please expand on how many people you share your **pulse oximetry / CCHD** equipment with outside of your practice.

1 person 1 point

2 people 2 points

3 people 3 points

More 4 points

6. Please list the counties that you serve. (One county per text box)

County #1 - 1 point

County #2 - 1 point

County #3 - 1 point

County #4 - 1 point

County #5 - 1 point

If you serve more than five counties, please list below.

Thank you for completing this application. Please include this application in the final submission for the Increasing Access to Newborn Hearing and Pulse Oximetry Screening in Out-of-Hospital Births.

points / 20 points