

Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
www.kbn.ky.gov

LCPM INCIDENT FORM

Under Kentucky Law, KRS 314.404(11) and 201 KAR 20:660, Licensed Certified Professional Midwives (LCPM) must submit this form to the Board of Nursing **within thirty (30) days** of the occurrence of a case of newborn or maternal death attended by the LCPM at the discovery of death.

Licensed Certified Professional Midwife (LCPM)

LCPM Name:

License Number:

Deceased

Deceased's Initials:

Age of Deceased:

Person in the Perinatal Period Newborn

Date of Death:

Cause of Death:

Narrative of Incident Circumstances:

Do not include identifiable information.

Planned Location for Birth:

Actual Location of Incident:

Home Hospital

Home Hospital

Birthing Center Other

Birthing Center Other

Signature

I certify that all the information contained herein is true to the best of my knowledge.

Printed Name of LCPM Reporting Incident:

Signature of LCPM:

Date of Report: