AGENDA

1. Call to Order/ Roll Call
2. Approval of Agenda
3. PUBLIC HEARING (1:30pm CST)
   a. CONCERNING CHANGES TO THE FORMULARY AND RENEWAL DATE
      §Chapter 20:86:03 Appendix A and § Chapter 20:86:02:03.
   b. Discussion of proposed changes to Administrative Rules and a vote to amend or approve.
4. Open Forum – time for the public to address the Board
5. Approval of Meeting Minutes of September 19, 2022
   a. Review of the minutes from the Public Hearing from September 19, 2021
   a. Revenue this fiscal year/Cash balance
7. Election of Officers:
   a. The CPM Board will hold regular elections of officers during the Spring meeting of even numbered years. If an officer is leaving the board, the board will vote to replace that officer at the meeting closest to the time of the officer’s departure.
8. Executive Secretary Contract
9. Weis Office update
   a. Rules Committee report from November 1, 2021
   b. Dept. of Vital Statistics FACTS certification form
   c. Birth Reports and assessments 2021
   d. Clarifying when a Birth Report is necessary
   e. New Attorney hiring process with Dept. of Health
10. Next Meeting September 15, 2022 (1-4pm CST)
11. Adjourn

Persons interested in joining the meeting may do so by appearing in person for the teleconference at the location listed above or by calling 605-743-4451 to arrange for a dial in number for the teleconference
A public hearing will be held at the Office of the South Dakota Board of Certified Professional Midwives at 27705 460th Ave, Chancellor, SD  57015 on April 21, 2022 at 1:30pm (Central), to consider the amendment of proposed Administrative Rules of South Dakota numbered: §Chapter 20:86:03 Appendix A and § Chapter 20:86:02:03.

The effect of the rules changes will be:
- to add more options to the limited prescriptive authority authorized by SDCL 36-9C-13 7(b) Postpartum anti-hemorrhagic medication in an emergency situation;
- and to include emergency treatment for allergic reactions that might arise from the use of the medications authorized in SDCL 36-9C-13 7(a) Vitamin K to the baby either orally or through intramuscular injection; (b) Postpartum anti-hemorrhagic medication in an emergency situation; (c) Local anesthetic for repair of a first or second degree perineal laceration; (d) IV antibiotics for treatment of Group B strep during labor; and (g) RhoGam.

To make the renewal of licenses more expedient, equitable, and in compliance with SDCL 36-9C-16.

The reason for adopting the proposed rules is to provide a greater protection for public safety.

Persons interested in presenting amendments, data, opinions, and arguments for or against the proposed rules may appear in-person at the hearing, call 605-743-4451 to arrange for a dial in number for the teleconference, or mail/e-mail them to: SD Board of CPM, 27705 460th Ave, Chancellor SD, 57015 / CPMSDLICENSE@gmail.com. The deadline to submit any such written comments for consideration by the SD Board of CPM is April 18, 2022 at 1:30pm CST.

After the written comment period, the SD Board of CPM will consider all written and oral comments it receives on the proposed rules. The SD Board of CPM may modify or amend a proposed rule at that time to include or exclude matters that are described in this notice.

For Persons with Disabilities: This hearing will be located at a physically accessible place. Please contact SD Board of CPM at least 48 hours before the public hearing if you have special needs for which special arrangements can be made by calling 605-743-4451.

Copies of the proposed rules may be obtained without charge from:

https://boardsandcommissions.sd.gov/Meetings.aspx?BoardID =207 or

SD Board of CPM
27705 460th Ave.
Chancellor, SD  57015
CPMSDLICENSE@gmail.com
605-743-4451

Published at the approximate cost of $________.
**20:86:02:03. Issuance of license.** Licenses will be renewed biennially on October 30th.

**Duration of license.** A license is valid two years from the date that it was issued by the board.

**Source:** 45 SDR 31, effective September 10, 2018.

**General Authority:** SDCL 36-9C-32(1).

**Law Implemented:** SDCL 36-9C-11. 36-9C-15

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**20:86:04:02. Biennial renewal.** Each person licensed to practice within this state shall renew the license biennially on October 31st. The renewal fee is $1,500. Failure to secure a renewal certificate shall result in a lapsed license. A lapsed license may be reinstated as provided in § 20:86:02:06.

**Source:** 45 SDR 31, effective September 10, 2018.

**General Authority:** SDCL 36-9C-32(4).

**Law Implemented:** SDCL 36-9C-19(2).
DEPARTMENT OF HEALTH
CERTIFIED PROFESSIONAL MIDWIVES

DRUG FORMULARY

Chapter 20:86:03

APPENDIX A

SEE: §20:86:03:11

Source: 45 SDR 31, effective September 10, 2018.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Dose</th>
<th>Route of Administration</th>
<th>Duration of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phylloquinone (Vitamin K&lt;sub&gt;1&lt;/sub&gt;)</td>
<td>Prophylaxis for Vitamin K deficiency bleeding</td>
<td>1 mg</td>
<td>Intramuscularly</td>
<td>1 dose</td>
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<tr>
<td>Oxytocin (Pitocin)</td>
<td>Postpartum hemorrhage only</td>
<td>10 Units/units/ml</td>
<td>Intramuscularly only</td>
<td>1-2 doses. Transport to hospital required if more than two (2) doses are administered.</td>
</tr>
<tr>
<td>Misoprostol</td>
<td>Postpartum hemorrhage only</td>
<td>200 microgram tabs, at 800 micrograms per dose (4 tabs)</td>
<td>Rectal or sublingual, or may be used as ½ rectally and ½ sublingually</td>
<td>1-2 doses. Transport to hospital required if more than 2 doses are administered. Not to exceed 800 micrograms.</td>
</tr>
<tr>
<td>Methylergonovine (Methergine)</td>
<td>Postpartum hemorrhage only</td>
<td>0.2 mg</td>
<td>Intramuscular or orally</td>
<td>Single dose. Every six hours, may repeat</td>
</tr>
<tr>
<td>Lidocaine HCL</td>
<td>Local anesthetic for use during postpartum repair of lacerations or episiotomy</td>
<td>Maximum 50 ml (1%)</td>
<td>Precutaneous infiltration only</td>
<td>Completion of repair</td>
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</tr>
<tr>
<td>1% or 2%</td>
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<td>Maximum 15 ml (2%)</td>
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<tr>
<td>Penicillin G</td>
<td>Group B Strep Prophylaxis</td>
<td>5 million units initial dose, then 2.5 million units every 4 hours until birth</td>
<td>IV in ≥ 100 ml LR, NS or D₃LR</td>
<td>Until birth of baby</td>
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<tr>
<td>(Recommended)</td>
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<tr>
<td>Ampicillin</td>
<td>Group B Strep Prophylaxis</td>
<td>2 grams initial dose, then 1 gram every 4 hours until birth</td>
<td>IV in ≥ 100ml NS</td>
<td>Until birth of baby</td>
</tr>
<tr>
<td>Sodium</td>
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<td></td>
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<tr>
<td>(Alternative)</td>
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<tr>
<td>Cefazolin</td>
<td>Group B Strep Prophylaxis</td>
<td>2 grams initial dose, then 1 gram every 8 hours</td>
<td>IV in ≥ 100 ml LR, NS or D₃LR</td>
<td>Until birth of baby</td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clindamycin</td>
<td>Group B Strep Prophylaxis</td>
<td>900 mg every 8 hours</td>
<td>IV in ≥ 100 ml NS or LR</td>
<td>Until birth of baby</td>
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<tr>
<td>Phosphate</td>
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<tr>
<td></td>
<td>3 times. Contraindicated in hypertension and Raynaud's Disease.</td>
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<tr>
<td>Drug</td>
<td>Administration Details</td>
<td>Route</td>
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<td></td>
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<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lactated Ringers (LR)</td>
<td>To administer group B Strep Prophylaxis</td>
<td>Intravenous catheter</td>
<td></td>
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</tr>
<tr>
<td>5% Dextrose in Lactated Ringer's solution (D₅LR)</td>
<td>To administer group B Strep Prophylaxis</td>
<td>Intravenous catheter</td>
<td></td>
<td></td>
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<tr>
<td>0.9% Sodium Chloride (NS)</td>
<td>To administer group B Strep Prophylaxis</td>
<td>Intravenous catheter</td>
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<tr>
<td>Oxygen</td>
<td>Maternal/fetal distress, or neonatal resuscitation</td>
<td>10 L/min Mask or bag and mask Until stabilization is achieved or transfer to a hospital is complete</td>
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</tr>
<tr>
<td>0.5% Erythromycin Ophthalmic Ointment</td>
<td>Prophylaxis of Neonatal Ophthalmia</td>
<td>1 cm ribbon in each eye Topical 1 dose</td>
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<tr>
<td>Rh(D) Immune Globulin</td>
<td>Prevention of Rh(D) sensitization in Rh(D) negative women</td>
<td>300 mcg Intramuscularly Single dose at any gestation for Rh(D) negative, antibody negative women within 72 hours of</td>
<td></td>
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</tr>
</tbody>
</table>
spontaneous bleeding or abdominal trauma.

Single dose at 26-28 weeks gestation for Rh(D) negative, antibody negative women.

Single dose for Rh(D) negative, antibody negative women within 72 hours of delivery of Rh(D) positive infant, or infant with unknown blood type.

<p>| Epinephrine HCL | Post-exposure treatment of severe allergic reaction as follow | 0.3 to 0.5 ml in a concentration of 1:1000 | Intramuscular injection into anterolateral aspect of the | Seek medical attention immediately after administration of |</p>
<table>
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<tr>
<th>Medication</th>
<th>Condition</th>
<th>Dose</th>
<th>Administration</th>
<th>Frequency/Duration</th>
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</thead>
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<td>Tranexamic Acid (TXA)</td>
<td>Postpartum hemorrhage</td>
<td>100mg/ml (1 g)</td>
<td>IV at 1 ml per minute</td>
<td>2nd dose if bleeding continues past 30 minutes or restarts with 24 hours.</td>
</tr>
<tr>
<td>IV Fluids</td>
<td>Postpartum hemorrhage</td>
<td>Infuse 1 liter in wide-open rate</td>
<td>IV line with 16-18 gauge needle</td>
<td>After first liter, a second liter may be titrated to client’s condition.</td>
</tr>
<tr>
<td>- Lactate Ringers (LR)</td>
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<tr>
<td>- .45% Saline</td>
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<td></td>
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<td></td>
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<tr>
<td>- 9% Normal Saline</td>
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</tbody>
</table>
President Debbie Pease called the meeting to order at 1:00 p.m. She gave some instructions to those on teleconference concerning use of electronics and procedures for speaking. She also reminded the board and the public that if a voice vote was unanimous there would not be a roll call vote because of recent legislation. The roll was called. A quorum was present.

Members of the board in attendance: Debbie Pease, Sue Rooks, Jackie Lopez and Autumn Cavender-Wilson were all present via phone. Kimberlee McKay joined the meeting after it was in progress.

Others in attendance: Alaina Kerkhove CPM by phone and Tammy Weis, SD Board of CPM Exec Secretary at the CPM office.

Cavender-Wilson requested to add an item to the agenda. She then moved to accept the agenda as amended, seconded by Lopez. The board voted unanimously. MOTION PASSED

South Dakota Board of Certified Professional Midwives Public Hearing
President Pease called the Public Hearing to order at 1:05 p.m. on Thursday, September 16, 2021 by telecommunication. Members of the public were invited to join the Public Hearing at the Board of Certified Professional Midwives Office at 27705 460th Ave, Chancellor, SD 57015. President Pease noted that this is the time and place for the Board of Certified Professional Midwives Public Hearing to consider changes to the administrative rules § 20:86.


President Pease noted that those in attendance and statements made during the hearing were being recorded in the minutes.

Hearing Officer: Debbie Pease, Board President, Centerville, South Dakota

Members of the Board in attendance via teleconference: Vice President Susan Rooks CNM, Secretary Autumn Cavender-Wilson CPM, Kimberley McKay OB/GYN, and Jackie Lopez CPM.

In attendance in person: Board Executive Secretary Tammy Weis

Guests in attendance by telecommunication: Alaina Kerkhove CPM

Written testimony: There was no written testimony from the public.
Rooks moved that **20:86:02:03** be removed from the purposed rule changes. McKay seconded. The board voted unanimously. **MOTION PASSED**

Rooks moved the South Dakota Board of Certified Professional Midwives **approve the adoption of the amended rules including the appropriate LRC edits for compliance with the requirements for form and style.** Second by Cavender-Wilson. The board voted unanimously. **MOTION PASSED**

There being no further business, the Public Hearing was **adjourned** at 1:07 p.m.

Pease then opened the floor for any member of the **public that wished to address the board about any other matter.** Alaina Kerkhove introduced herself. She is a newly licensed Certified Professional Midwife in South Dakota. She is working from Coleman, SD. She had prepared a letter for the Board’s consideration concerning updating the medications formulary for CPMs. This would require changes in the Legislative Rules. There were no other members of the public who wished to speak. The letter had been added to the documents for the meeting and is a subsequent agenda item.

There were no additions or corrections to the **Draft Meeting Minutes of July 15, 2021.** McKay moved to **accept them as presented.** Lopez seconded. The board voted unanimously. **MOTION PASSED**

The Financial Report Sec Weis showed the current financial report. The board has held spending to $2187 so far this fiscal year. Rooks asked that the record show that she declined monetary compensation for this meeting. McKay, Pease, Lopez, and Cavender-Wilson also declined the $60 compensation. There were no other questions. The **report was filed as presented.**

Pres. Pease then introduced the question of changes in our formulary to increase the ability of our CPMs to protect the public. A letter from Kerkhove CPM was in the documents for the meeting. The board reviewed the items line by line, making corrections and deletions to reflect the board’s position on each item.

Statute 36-9C-13 (SD Codified Laws, 2021) refers to prescription drugs that a licensed CPM may administer. These are as follows:

- Vitamin K
- Postpartum antihemorrhagic medication
- Local anesthetic
- IV antibiotics for treatment of Group B Strep
- Oxygen
- Eye prophylaxis
- RhoGAM

Using the current South Dakota CPM Formulary as a template, the Board agreed to submit these items to go through the process to change the Administrative Rules to Update of the CPM Drug Formulary, as it is
Proposed updates:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Dose</th>
<th>Route of Administration</th>
<th>Duration of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine HCL</td>
<td>Post-exposure treatment of maternal severe allergic reaction to approved medication</td>
<td>0.3 to 0.5 in a concentration of 1:1000</td>
<td>Intramuscular injection into anterolateral aspect of the thigh or via metered dose auto-injector</td>
<td>Seek medical attention immediately after administration of first injection. Can be given every 5-15 minutes as needed for 3 to 4 doses</td>
</tr>
<tr>
<td>Tranexamic Acid (TXA)</td>
<td>Control of Postpartum Hemorrhage</td>
<td>100mg/ml (1 g)</td>
<td>IV at 1 ml per minute</td>
<td>2nd dose if bleeding continues past 30 min or restarts with 24 hours</td>
</tr>
</tbody>
</table>

IV Fluids
- Lactate Ringers (LR)
- .45% Saline
- .9% Normal Saline

To treat maternal hemorrhage

Infuse 1 liter in wide-open rate

IV line with 16-18 gauge needle

After first liter, a second liter may be titrated to client’s condition

Cavender-Wilson moved to **approve the additions to the formulary chart for submission to the Dept of Health to begin the process to appear before the Administrative Rules Committee for approval to change the formulary.** Second by McKay. The board voted unanimously. **MOTION PASSED**

Pres Pease then asked for action on **Issuance of licenses.**

Licenses will be renewed biennially on October 30th, from the date that it was issued.

**Source:** 45 SDR 31, effective September 10, 2018.

**General Authority:** SDCL 36-9C-32(1).

**Law Implemented:** SDCL 36-9C-11
The Board will plan to hold a Public Hearing in March on these two rule changes.

See Weis then gave a short office update

- We now have 6 licensed CPMs and 1 student CPM. Since our last meeting there have been 7 births in the state and no transports. Last year in the same time period we had 17 births.
- Student CPM inquiries from Rapid City and Aberdeen
- CPM inquiries from Washington State
- Avera CNMs have requested to be notified if they are designated as a client’s back up.
  - Please send a letter informing them after labs are completed. Please see sample letter included with the documents. While you can use any letter that you chose, Avera CNMs spoke highly of this template.
- Birth Report Assessments
  - Electronic transfer and form completion. We have had some difficulty with getting the form to be electronically transferred, written on, signed and returned for the next step. I think that we have worked out most of those issues
  - Last meeting we discussed whether Birth Reports or the assessment forms could be used by the board to take corrective action. DOH Legal Counsel has researched this matter and determined that the reports and assessments may be use in this manner.
- Jackie Lopez is in the process of moving “home” to Montana to be closer to family. She remains licensed in SD and will finish her term on the board.

Cavender-Wilson presented information about CPMs submitting information for obtaining birth Certificates. Since the Administrative Rules for obtaining a Birth Certificate for out of hospital birth were approved prior to legislation which licensed CPMs in South Dakota, they do not take into account that CPMs are now approved healthcare providers. The board requested that Cavender-Wilson and Weis work together to discover the process and appropriate language to change the rule to reflect the presence of CPMs and CNMs at out of institution births.

President Pease made these announcements
- Autumn Cavender-Wilson was recommended for reappointment and has accepted.
- The Rules Committee Hearing date is November 1, 2021. This is the last date for this year. We would like to be prepared with our changes to the formulary and renewal date for the first Rules Committee date next year.
- Our next Meeting March 17, 2022 (1-4pmCST)

Rooks moved that we adjourn. Second by McKay The board voted unanimously. MOTION PASSED

Meeting was adjourned at 3:05pm
President Pease called the public hearing to order at 1:05 p.m. on Thursday, September 16, 2021 by telecommunication. Members of the public were invited to join the Public Hearing at the Board of Certified Professional Midwives Office at 27705 460th Ave, Chancellor, SD 57015. President Pease noted that this is the time and place for the Board of Certified Professional Midwives Public Hearing to consider changes to the administrative rules § 20:86.

President Pease noted that those in attendance and statements made during the hearing were being recorded in the minutes.

**Hearing Officer:** Debbie Pease, Board President, Centerville, South Dakota

**Members of the Board in attendance via teleconference:** Vice President Susan Rooks CNM, Secretary Autumn Cavender-Wilson CPM, Kimberley McKay OB/GYN, and Jackie Lopez CPM.

**In attendance in person:** Board Executive Secretary Tammy Weis

**Guests in attendance by telecommunication:** Alaina Kerkhove CPM

**Written testimony:** There was no written testimony from the public.

**Oral Testimony:** There was no oral testimony from the public.

Rooks moved that 20:86:02:03 be removed from the purposed rule changes. McKay seconded. Motion carried unanimously.

Rooks moved the South Dakota Board of Certified Professional Midwives approve the adoption of the amended rules including the appropriate LRC edits for compliance with the requirements for form and style. Second by Cavender-Wilson. Motion carried unanimously.

There being no further business, the Public Hearing was adjourned at 1:07 p.m.

Respectfully Submitted, Tammy Weis, Executive Secretary
## Board of Certified Prof Midwives - Info

**FY 2022** Version -- AS -- Budgeted and Informational

### HEALTH -- Summary

Expenditures current through 04/02/2022 03:50:39 PM

FY Remaining: 24.7 %

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### EMPLOYEE SALARIES

- **5101030** Board & Comm Mbrs Fees
  - Operating: 1,043
  - Encumbrances: 0
  - Commitments: 0
  - Remaining: 1,043

### EMPLOYEE BENEFITS

- **5102010** Oasi-employer's Share
  - Operating: 105
  - Encumbrances: 0
  - Commitments: 0
  - Remaining: 105

### Personal Services

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### Total

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<th>Expenditures</th>
<th>Encumbrances</th>
<th>Commitments</th>
<th>Remaining</th>
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<th>AVL</th>
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<p>| Total     | 20,714    | 6,918        | 6,389        | 0           | 7,407     | 35.8 |     |</p>
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<td>DR ****</td>
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</table>
Evidence necessary to establish the facts of birth pursuant to SDCL 34-25-9.1 (2)

Mother: Full Name_____________________________________________________________
Newborn: Full Name___________________________________________________________

County of Birth: __________________ Date of Birth: ____________________________
Certified Professional Midwife________________________ SD License#___________

Please print legibly

1. Pregnancy Certification: Pursuant to South Dakota Administrative Rule 44:09:02:13 (1) (b)

I certify the pregnancy of the above named client was documented in the medical
record on __________________.

   Date

__________________________________________
South Dakota Licensed Certified Professional Midwife

2. Live Birth Certification: Pursuant to South Dakota Administrative Rule 44:09:02:13 (2) (a)

I certify that the above named infant was born alive on ____________________.

   Date

__________________________________________
South Dakota Licensed Certified Professional Midwife

3. South Dakota Birth Place: Pursuant to South Dakota Administrative Rule 44:09:02:13 (3) (iv)

I certify that the above named infant was born at______________________________

__________________________________________in the state of SOUTH DAKOTA.

__________________________________________
South Dakota Licensed Certified Professional Midwife

Source: 24 SDR 60, effective November 13, 1997.
General Authority: SDCL 34-25-9.1.