

Midwifery Credentialing P.O. Box 47877 Olympia, WA 98504-7877 360-236-4700

## **Data Submission Attestation**

Please note: the data submission attestation must be completed at the time of renewal only.

I hereby certify that I have submitted data on all courses of care for every monopole was a s	Date  n, sport  estetrical practice and with whom I	
Current Plan For Consultation Emergency Transfer, and Trans  Midwife name and License #  Date  1. The licensed physician or physician group who is engaged in active clinical ob will consult when there are significant deviations from the normal in either the Name  Phone  Address	stetrical practice and with whom I mother or the infant is: e number	
Current Plan For Consultation Emergency Transfer, and Trans  Midwife name and License #  Date  1. The licensed physician or physician group who is engaged in active clinical ob will consult when there are significant deviations from the normal in either the Name  Phone  Address	n, sport  estetrical practice and with whom I mother or the infant is: e number	
Emergency Transfer, and Trans  Midwife name and License #  Date  1. The licensed physician or physician group who is engaged in active clinical ob will consult when there are significant deviations from the normal in either the Name  Phone  Address	estetrical practice and with whom I mother or the infant is: e number	
Emergency Transfer, and Trans  Midwife name and License #  Date  1. The licensed physician or physician group who is engaged in active clinical ob will consult when there are significant deviations from the normal in either the Name  Phone  Address	estetrical practice and with whom I mother or the infant is: e number	
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Address		
	Zip Code	
	Zip Code	
City State	Zip Code	
City State	Zip Code	
If more than one consultant, use page two of this form.		
2. In an emergency transport to a hospital the following are available:		
	hone Number	
Three ambulance of manicipal aid out	Torio i variiboi	
	7: 0 1	
City State	Zip Code	
3. In the event of a maternal emergency in an out-of-hospital setting, I will transport to the following:		
Hospital Name:		
Location		
Location		
4. In the event of a neonatal emergency in an out-of-hospital setting, I will transport to the following:		
Hospital Name		
Location		
Hospital Name		

DOH 679-121 February 2016 Page 1 of 2

Midwife name and License #	Date
1a. Another licensed physician or physician group who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:	
Name	Phone Number
Address	
1b. Another licensed physician or physician group who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:	
Name	Phone Number
Address	
1c. Another licensed physician or physician group who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:	
Name	Location
Address	
1d. Another licensed physician or physician group who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:	
Name	Location
Address	
1e. Another licensed physician or physician group who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:	
Name	Location
Address	

DOH 679-121 February 2016 Page 2 of 2