Washington State Department of Health
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 mother and newborn as required in **WAC 246-834-370(1) and (2)**.

Signature	Date

Current Plan For Consultation, Emergency Transfer, and Transport

Midwife name and License #	Date

1. The 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

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:

Private ambulance or municipal aid car	Phone Number

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

4. In the event of a neonatal emergency in an out-of-hospital setting, I will transport to the following:

Hospital Name

Location

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	