Washington State Department of Health
Midwifery Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Midwife-in-Training
Birth or Exam Care Log

Name:_____

Please list the date of the birth, the client ID, the midwide-in-trainings role at the birth, and initials of attendant in charge during the birth.

Date	Client ID	Role at Birth	Attendant Initials
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