

Vermont Secretary of State
Office of Professional Regulation
National Life Building, North FL2
Montpelier VT 05620-3402



Midwife
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MIDWIFE

CURRENT PLAN FOR CONSULTATION, EMERGENCY TRANSFER AND TRANSPORT

Type or Print. When space is insufficient, attach additional sheets.

Midwife Name	Date
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1. Identify the licensed physician(s) (MD or DO) with whom you will consult pursuant to the Administrative Rules for Midwives.

<p>Name:</p> <p>Address:</p> <p>City/State/Zip/Phone:</p>
<p>Name:</p> <p>Address:</p> <p>City/State/Zip/Phone:</p>
<p>Name:</p> <p>Address:</p> <p>City/State/Zip/Phone:</p>

2. In an emergency transport to a hospital the following are available:

_____ Call 911

_____ Private Transportation

_____ Provider's Car

_____ Ambulance

3. In the event of a maternal emergency in an out-of-hospital setting, I will transport to the following hospital(s):

<p>Hospital Name:</p> <p>Address:</p> <p>City/State/Zip/Phone:</p>
<p>Hospital Name:</p> <p>Address:</p> <p>City/State/Zip/Phone:</p>

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

<p>Hospital Name:</p> <p>Address:</p> <p>City/State/Zip/Phone:</p>
<p>Hospital Name:</p> <p>Address:</p> <p>City/State/Zip/Phone:</p>

Statement of Midwife

I certify that all information I have provided is true and accurate to the best of my knowledge. I understand that furnishing false information shall constitute cause for disciplinary action against my license as a Midwife.

Signature of Midwife

Date