



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES
Renee Hoffard, Licensing Examiner

P.O. Box 110806
Juneau, AK 99811-0806
Main: 907.465.2694
Fax: 907.465.2974

March 28, 2017

Dear Licensee,

This letter is a reminder that all licensees are subject to completing peer review in accordance with regulation 12 AAC 14.900.

Enclosed is a Peer Review Report form which must be fully completed and signed by you, the licensee. Mail your completed peer review form and copies of your annual birth summary directly to the Midwives Association of Alaska (MAA) on or before May 1, 2017 in accordance with 12 AAC 14.900(c)(1).

If you were primarily responsible for one or more births during the reporting period of April 1, 2016 through March 31, 2017, you must complete and sign this report. It must then be submitted to the MAA Peer Review Committee, along with your birth summary, by May 1, 2017.

You must also report how many births you assisted with during the period of April 1, 2016 through March 31, 2017.

If you were not primarily responsible for any births during the 12 months prior to April 1, 2017, you must still sign and return the enclosed form to the MAA Peer Review Committee on or before May 1, 2017.

Upon review of your annual birth summary by the MAA Peer Review Committee, you may be requested to submit one or more charts for review. Then MAA, when making this request, will inform you of their next meeting date and the deadline for submitting the requested charts.

Do not miss this deadline. Failure to submit the charts by the deadline will result in your failure to complete the peer review. Failure to complete the peer review is grounds for disciplinary sanctions against your license under Alaska Statute 08.65.110(6).

If you have any questions regarding this process, please call our office at (907) 465-2550 or email license@alaska.gov.

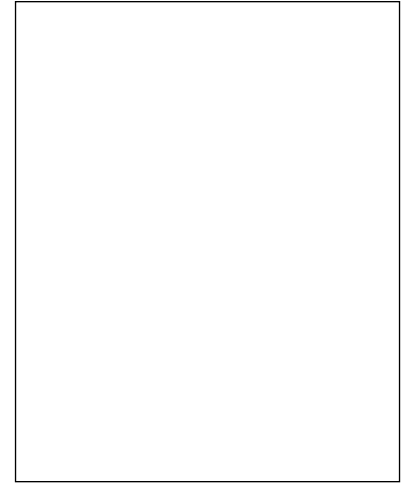
Sincerely,
Renee Hoffard,
Licensing Examiner



THE STATE of ALASKA

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

MID



Board of Certified Direct-Entry Midwives
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: License@Alaska.gov
Website: ProfessionalLicense.Alaska.gov/Midwives

PEER REVIEW REPORT FORM

Peer Review Reporting Period: January 1, 2016 through December 31, 2016

Name: Last First M.I. CDM License Number:

Current Address: Street/PO Box

City State Zip Code

Daytime Phone Number: Email Address:

- During the reporting period above, I have acted as the primary midwife for births.
Copies of Birth Summaries for each birth are enclosed.
I certify that during the reporting period above, I have not acted as the primary midwife for any births.
During the reporting period above, I have acted as an assistant midwife for births.



Signature

Date

- Did you sign this report?
Did you date this report?
Did you enclose copies of each primary birth summary?
Are you submitting this form prior to May 1, 2017?

This form must be fully completed, signed by the licensee, and returned to the Midwives Association of Alaska at the address listed below no later than May 1, 2017.

Midwives Association of Alaska
c/o Jessica Sawyer, Peer Review
2124 N. Tabasco Cat Dr.
Palmer, AK 99645