



AFFIDAVIT OF COMPLETION OF ADDITIONAL BIRTH REQUIREMENTS FOR CERTIFIED DIRECT ENTRY MIDWIFE

State Form 56291 (5-17)

MIDWIFERY COMMITTEE
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.IN.gov
www.pla.IN.gov

ATTENDING MIDWIFE OR PHYSICIAN AFFIDAVIT

I _____, do solemnly swear or affirm, under the penalties of perjury,
(Attending midwife or physician)

that _____,
(Name of certified direct entry midwife (CDEM) applicant)

Check all that apply:

- Observed _____ births
(number)
- Attended _____ births conducted by a physician
(number)
- Assisted with _____ births
(number)
- Acted as primary attendant at _____ births
(number)

in addition to those births required to obtain Certified Professional Midwife Credentials.

Signature	Date <i>(month, day, year)</i>
Printed name	

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this affidavit are true, complete and correct.

Signature of applicant	Date signed <i>(month, day, year)</i>
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