

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

LICENSED MIDWIVES – INFORMED CONSENT FORM

Last Name	First Name	MI	Former / Maiden Name(s)
Address (number street, city, state, zip code)			Daytime Telephone Number
			_____ - _____ - _____

TRAINING: List location, type of training (self-study, apprenticeship, direct-entry school, nurse midwifery school) and dates of attendance.			
Facility Name, City, State	Type of Training	Dates	
		From (month/year)	To (month/year)
		___ / ___ / ___	___ / ___ / ___
		___ / ___ / ___	___ / ___ / ___
		___ / ___ / ___	___ / ___ / ___
		___ / ___ / ___	___ / ___ / ___
		___ / ___ / ___	___ / ___ / ___
		___ / ___ / ___	___ / ___ / ___
		___ / ___ / ___	___ / ___ / ___

CERTIFICATION: List name and address of certifying body, date of certification and type of certification.		
Name and City/State of Certifying Body	Type of Certification	Date of Certification
		___ / ___ / ___
		___ / ___ / ___
		___ / ___ / ___
		___ / ___ / ___
		___ / ___ / ___

MIDWIFE EXPERIENCE:		
1.	Total number of births attended:	
2.	Number of home births as primary/managing midwife:	
3.	Number of home births as primary assistant to the midwife:	
3.	Number of years in practice as primary midwife:	
4.	Number of births as doula/hospital support:	
5.	Number of clients transferred to a hospital since commencement of practice of midwifery:	

MALPRACTICE LIABILITY INSURANCE:	
Do you have malpractice liability insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No List policy limits of coverage (if applicable):	

Wisconsin Department of Safety and Professional Services

MEDICAL EMERGENCIES:

The following is my protocol for handling medical emergencies, including transportation to a hospital. Attach additional sheets if necessary.

VAGINAL BIRTH AFTER CESAREAN SECTION (VAC):

The following is my protocol for disclosure of risks associated with vaginal birth after a cesarean section. Attach additional sheets if necessary.

DISCLOSURE RELATING TO NEONATAL RESUSCITATIONS:

Licensed midwives do not have the equipment, drugs or personnel available to perform neonatal resuscitations that would normally be available in a hospital setting.

COPY OF DEPARTMENT RULES PROVIDED TO CLIENT: As required under Wis. Admin. Code § [SPS 182.02\(1\)](#), I certify that on this date I provided a copy of the Department's rules pertaining to the practice of midwifery to the client. **(List client name below.)**

Printed Name of Midwife	WI License Number
Signature of Midwife (If unable to provide a digital signature print and sign form.)	Date
	____ / ____ / _____

ACKNOWLEDGEMENT BY CLIENT: I acknowledge that I have received the oral and written disclosures required under Wis. Admin. Code § [SPS 182.02](#).

Printed Name of Client

Signature of Client (If unable to provide a digital signature print and sign form.)	Date
	____ / ____ / _____