

North American
Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

Vermont Authorization for CPM Status Release

CPM's Name: _____

Date: _____

Agency Address:

**Midwife Licensure Regulatory Program
Office of Professional Regulation
26 Terrace Street, Drawer 09
Montpelier, VT 05609-1106**

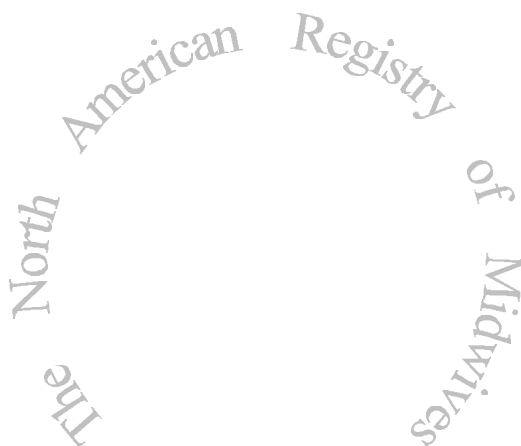
I _____, give my permission to have the following
information released to the state midwifery agency listed above.

CPM # _____

Issue date _____

Expiration date _____

Status _____



Carol Nelson, CPM, LM
Director of Applications

(Date)