
Document Verification Form 205b to be filled out by the Applicant

Applicant's Name: _____ Social Security #: _____

I, _____, do hereby swear that I have developed and I do utilize in my practice the following documents:

- Practice guidelines
- An informed consent document
- Forms and handouts relating to midwifery practice
- An emergency care plan

Further, I have shown these documents to the notary whose signature is below.

Print applicant's name

Applicant's signature

Date

Subscribed and sworn to before me this _____ day, of the month of _____
in the year _____.

Notary Seal

(Notary Signature)

My Commission Expires: _____