

# Birthing Center License Renewal Addendum

## 1. Administrator:

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Name	Email	Phone Number
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## 2. Personnel:

Provide names, license numbers and expiration dates of **all** licensed professionals who provide services at the facility. *(Use Page 2 as Needed.)*

### Physicians:

_____ Name	_____ License #	_____ Expiration Date
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_____ Name	_____ License #	_____ Expiration Date
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_____ Name	_____ License #	_____ Expiration Date
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### Certified Nurse-Midwives:

_____ Name	_____ License #	_____ Expiration Date
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_____ Name	_____ License #	_____ Expiration Date
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_____ Name	_____ License #	_____ Expiration Date
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### Licensed Midwives:

_____ Name	_____ License #	_____ Expiration Date
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_____ Name	_____ License #	_____ Expiration Date
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_____ Name	_____ License #	_____ Expiration Date
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3. Submit an organizational structure of the staffing for the facility.

4. Submit a written plan for orderly transfers of patients and clinical records in the event the facility is unable to maintain services under the license.

**PERSONNEL CONTINUED...**

**Provide names, license numbers and expiration dates of all licensed professionals who provide services at the birthing center. (Do not include names of individuals already included on page 1.)**

**Physicians:**

_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date

**Certified Nurse-Midwives:**

_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date

**Licensed Midwives:**

_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date
_____ Name	_____ License #	_____ Expiration Date