

ANNUAL STATISTICS REPORTING FORM

Name: _____

Alabama Midwifery License #: _____

Statistics for Calendar year of: _____, from _____ to _____.
(Date begin) (Date end)

According to Alabama Code 34-19-12 (m)(1), Licensed Midwives are required to file annually with the Alabama State Board of Midwifery the following information. Please submit to the ASBM via email or PO Box found on the website. www.ALSBM.org

As primary licensed midwife		As assistant to another licensed midwife
	Total number of births	
	Total number of maternal transports	
	Total number of infant transports	
	Total number of maternal deaths	
	Total number of infant deaths	

I, _____ attest that the above data is complete, correct, and true. I understand that the Alabama State Board of Midwifery is required to make this information available to the public in accordance with state law.

Signature *Date*