



HEALTH LICENSING OFFICE

Board of Direct Entry Midwifery

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PEER REVIEW SUMMARY SHEET

At the time of license renewal, each licensed direct entry midwife (LDM) is required to submit a peer review summary sheet for each peer review conducted. (Attach additional pages if needed)

LDM INFORMATION:

LDM Name *(name of the LDM participating in peer review):*

License Number:

DATE(S) OF PEER REVIEW:

Reviews

Date: *(DD/MM/YYYY)*

Comments:

1)

2)

3)

4)

PEER REVIEWERS INFORMATION

1) Name:

License Number:

① Phone:

Fax:

Email:

2) Name:

License Number:

① Phone:

Fax:

Email:

3) Name:

License Number:

① Phone:

Fax:

Email:

4) Name:

License Number:

① Phone:

Fax:

Email:

By signing below, I attest that the above information is true and accurate.

Signature of Licensee:

Date: