



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Medical Examiners
Midwife Liaison Committee
124 Halsey Street, 6th Floor, P.O. Box 46018
Newark, New Jersey 07101
(973) 273-8009

Affiliated Physician Form

In addition to the requirements for licensure, each applicant must establish a written affiliation agreement with a New Jersey licensed physician who holds hospital privileges in operative obstetrics/gynecology. The agreement shall set forth written clinical guidelines that will outline the licensee's scope of practice. The specific requirements are set forth in Committee regulations contained at N.J.A.C. 13:35-2A.6.

Name of Midwife: _____

Physician Name: _____

License Number: _____

Address: _____

Effective Date of Agreement: _____

Signature of Midwife

Signature of Physician

Print Name of Midwife

Print Name of Physician