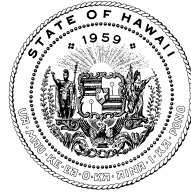


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MIDWIVES LICENSING PROGRAM

STATE OF HAWAII
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801
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EXEMPT BIRTH ATTENDANT INFORMATION DISCLOSURE FORM

This form has been adopted by the Department of Commerce and Consumer Affairs, pursuant to Hawaii Revised Statute (HRS) section 457J-6(a)(5)(C), which states in part that a person may practice midwifery without a license to practice midwifery if the person is acting as a birth attendant on or before July 1, 2023, and discloses to each client verbally and in writing on a form adopted by the Department of Commerce and Consumer Affairs, which shall be received and executed by the person under the birth attendant's care at the time care is first initiated the following information is discussed.

Client Name:

Last

First

Middle Initial

Birth Attendant Information:

Name: (Last, First, Middle Initial)

Address: (Street, City, State, Zip Code)

Phone No.:

Email Address:

Disclosures:

As the client, I understand and acknowledge that the following information has been provided and disclosed to me, both verbally and in writing, by the above-named birth attendant pursuant to HRS §457J-6(5) that:

- The above-named birth attendant does not possess a professional license issued by the State to provide health or maternity care to women or infants;
- The above-named birth attendant's education and qualifications have not been reviewed by the State and have not been deemed to meet the requirements set forth in HRS Chapter 457J;
- I have received and acknowledge receipt of the above-named birth attendant's education and training information;
- I understand that the above-named birth attendant is **not** authorized to acquire, carry, administer, or direct others to administer legend drugs;
- The above-named birth attendant has disclosed, both verbally and in writing, any information/documentation of any judgment, award, disciplinary sanction, order, or other determination that adjudges or finds that he/she committed misconduct or was criminally or civilly liable for conduct relating to midwifery by a licensing or regulatory authority, territory, state, or any other jurisdiction; and
- I have received the above-named birth attendant's plan for my and/or my infant's transport to the nearest hospital if a medical emergency arises during my and/or my infant's care.

By signing below:

Client - I am acknowledging that I have been provided the information, both verbally and in writing, that is required of the birth attendant named above pursuant to HRS 457J-6(5);

Birth Attendant: I am acknowledging that I have disclosed the information, both verbally and in writing to the client, that is required pursuant to HRS 457J-6(5).

Client Signature:

Birth Attendant Signature:

Date:

Date:

HRS 457J-6(a)(5)(D) requires retention of a copy of this form for at least 10 years, and that it be made available to the Department of Commerce and Consumer Affairs for inspection upon request.