

Midwives' Association *of* Washington State

MAWS Peer Review Aggregate Data Form

This form must be completed at each MAWS Peer Review and returned to the Peer Review Coordinator along with each participant's signed confidentiality statement.

Region: _____
Date of Peer Review: _____ **Total Hours Spent:** _____
Number of participants: _____ **Number of cases discussed:** _____
Confirm by initialing all participants have shown current MAWS Membership Card: _____
General topics:

Suggestions of topics for continuing education or discussion at MAWS membership meetings for the purpose of quality improvement:

As required by Section V.A. of the Quality Management Program, we are required to collect data pertaining to liability insurance history and coverage:

Number of participants **without** liability insurance: _____
General reasons for not carrying liability insurance: _____

Number of members **with** liability insurance: _____

Carriers: _____

Limits of Liability: _____

Annual Premiums: _____

Number of liability cases per year for those **with** insurance: _____

Number of liability cases per year for those **without** insurance: _____

Feedback on the MAWS Peer Review Process: (please use the back of this page for feedback)

EMAIL to info@washingtonmidwives.org or FAX to 1-206-691-8203