

NAME: _____ MAWS ID NUMBER: _____ YEAR: _____

MAWS Peer Review Tracking Sheet

Date of Peer Review	Data	Names of Other MAWS Professional Members Present
	Number of Midwife's Charts Reviewed _____ Hours Spent in Peer Review _____ Confidentiality Statement signed <input type="checkbox"/> Peer Review Aggregate Data Form completed <input type="checkbox"/>	Organizer: _____ Members: _____
	Number of Midwife's Charts Reviewed _____ Hours Spent in Peer Review _____ Confidentiality Statement signed <input type="checkbox"/> Peer Review Aggregate Data Form completed <input type="checkbox"/>	Organizer: _____ Members: _____
	Number of Midwife's Charts Reviewed _____ Hours Spent in Peer Review _____ Confidentiality Statement signed <input type="checkbox"/> Peer Review Aggregate Data Form completed <input type="checkbox"/>	Organizer: _____ Members: _____
	Number of Midwife's Charts Reviewed _____ Hours Spent in Peer Review _____ Confidentiality Statement signed <input type="checkbox"/> Peer Review Aggregate Data Form completed <input type="checkbox"/>	Organizer: _____ Members: _____
	Number of Midwife's Charts Reviewed _____ Hours Spent in Peer Review _____ Confidentiality Statement signed <input type="checkbox"/> Peer Review Aggregate Data Form completed <input type="checkbox"/>	Organizer: _____ Members: _____

TOTAL Number Charts Reviewed: _____ Verification of active MAWS Professional Membership: _____

TOTAL Number of Hours in Peer Review: _____ Certificate of Completion Issued on: _____