



WARM Peer Review Arrangement Form for Facilitator

Please submit this form at least 7 days prior to the peer review. We need to ensure all people planning to attend are current WARM members and there must be at least 3 WA state licensed professional members (from separate practices). The types of members that may attend and/or present cases include the following- professional members (LM or CNM) and associate members (CPM or lay midwife). Each peer review group will determine if student midwives/apprentices who are also WARM members will be included and all attending will be notified in advance. Student midwives/apprentices must be accompanied by their current preceptor or another WARM midwife sponsor. If you need to add more members after this form has been submitted, please allow 48hrs to verify membership. No person may attend if membership has not been verified prior to the peer review.

Please make sure all forms turned in are legible. Let the Review Committee know if you have any questions and submit all paperwork to warmreviewcommittee@gmail.com Thank you!

Peer Review Facilitator: _____

Facilitator email: _____

Facilitator phone #: _____

The peer review will be hosted by (can be same as the facilitator or different):

The peer review will be held at the following location: _____

The peer review will be held on the following date/start time: _____

Do you want this peer review advertised on the WARM website/Facebook page: _____

If yes to above, how do you want to be contacted by those interested in attending: _____

Will student midwives be included: _____



List the WARM members planning to attend (whether or not they present cases):

Member Name with credentials	Email	Number of cases presenting
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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