

Birth Attendant Application and Change Request

Use this form to add, remove, or change birth attendant information (Minnesota licensed physicians, residents and certified nurse midwives only) in Minnesota Registration & Certification (MR&C).

Action

 Add

 Remove

 Change address or primary clinic

 Change name only Former name:

Birth attendant information

License number

NPI number

Title

Phone

First name

Middle name

Last name and suffix

Address of primary clinic (for hospitalist, use hospital address) – Street

City

State

ZIP

Requester

Facility name

City

Requester name (print)

Date

Requester signature

Phone number

Submit form

Email the completed form to the Office of Vital Records (OVR) at health.dataquality@state.mn.us or fax to 651-201-5750.

If you have questions, contact the OVR Help Desk at 651-201-5970 or 888-692-2733.