Montana Department of LABOR & INDUSTRY

Supervision Agreement

for Midwifery

Last updated: 7/1/2026

Complete this form with your supervisor when applying as an apprentice midwife. Upload to your online application, or email to dlibsdahc@mt.gov.

APPLICANT

Name:_____

Application Number (if known):_____

Email Address:_____

Phone:_____

SUPERVISOR

Name:_____

License Type:_____

License Number:_____

State Issued:_____

We the undersigned attest that this supervisor will supervise this applicant per the requirements in statute and rule.

Applicant Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____