



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Certified Direct-Entry Midwives

PO Box 110806, Juneau, AK 99811

(907) 465-2550

Email: Midwives@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/Midwives

MID

FOR DIVISION USE ONLY

Certified Direct-Entry Midwives Renewal

January 1, 2021 – December 31, 2022

- Your license lapses after December 31, 2020. There is no grace period - it is illegal to work if your license has lapsed.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

PART I Payment of Fees

Renewal Type:	<input type="checkbox"/> Biennial License Renewal <i>(for licenses first issued on or before December 31, 2019)</i>	\$3800.00
	<input type="checkbox"/> Prorated License Renewal <i>(for licenses first issued on or after January 1, 2020)</i>	\$1750.00

PART II Personal Information

Alaska Certified Direct-Entry Midwife License Number:			
Full Legal Name: Name change: <input type="checkbox"/>			
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name</u> form.</i>			
Mailing Address: Address change: <input type="checkbox"/>			
Contact Phone:		Birthdate:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

When in doubt, disclose and explain.

Since the date your last license was issued or renewed:

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No

2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No

3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, depression, (except for situational or reactive depression), psychotic disorder, or other mental or physical disability that may impair your ability to practice as a midwife? Yes * No

4. Have you been treated for substance abuse, or have you been addicted to, or excessively or illegally used, alcohol or a controlled substance which may impair or interfere with your ability to practice safely as a midwife. Yes * No

Random Audit

The board will audit a percentage of the license renewals. If your license is randomly selected for audit you will be sent a letter and required to submit certified true copies of documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least three years so you can respond to audits.

Continuing Education

Your license cannot be renewed unless you have met the continued competency requirements in Article 4 of 12 AAC 14 (attached). Individuals who have been initially certified for less than a complete calendar year are not required to comply with the continuing competency or education requirements for this renewal (12 AAC 14.450).

You may not claim hours for education not yet successfully completed as of the date of submitting this application. Per 12 AAC 02.960(j) "successfully completed" means CE credit has been awarded.

PART IV Statement of Compliance

By initialing the appropriate statement below, you are certifying your compliance with the continuing competency requirements in article 4 of 12 AAC 14.

You may not claim hours for education not yet successfully completed as of the date of submitting this application. Per 12 AAC 02.960(j) "successfully completed" means CE credit has been awarded.

Licenses issued on or before December 31, 2018

I certify that in accordance with Article 4 of 12 AAC 14, I have successfully completed the required 20 hours of continuing education and have assisted with, or been primarily responsible for at least 10 deliveries during the concluding licensing period of January 1, 2018, through December 31, 2020. If audited, I agree to provide documentation that verifies I meet this activity as claimed.

X _____
Initials

Licenses issued on or after January 1, 2019, but on or before December 31, 2019

I certify that in accordance with Article 4 of 12 AAC 14, I have successfully completed the required 10 hours of continuing education and have assisted with, or been primarily responsible for at least 5 deliveries during the concluding licensing period of January 1, 2019, through December 31, 2020. If audited, I agree to provide documentation that verifies I meet this activity as claimed.

X _____
Initials

Licenses issued on or after January 1, 2020

I certify that in accordance with 12 AAC 14.450, I have been licensed for less than one calendar year and am not required to comply with the continuing competency or education requirements for this renewal.

X _____
Initials

Course Type	Number of Hours	
	Pharmacology	Other Hours
<input type="checkbox"/> Attendance of Educational Programs		
<input type="checkbox"/> Self-Study Programs		
<input type="checkbox"/> State Law Self-Study (2 hours awarded upon completion)		

Before mailing this license application, have you...



- ✓ completed all questions in the form?
- ✓ attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ signed and dated the renewal form?
- ✓ attached explanations and supporting documents for any "Yes" responses to professional fitness questions?

PART V Required Acknowledgements

Disciplinary Certification

I certify that I have not committed an act that is a ground for disciplinary sanction under Alaska Statute 08.65.110.

X _____
Initials

- Yes, the above statement is true and correct.
 - No, the above statement is not correct. I have attached a signed and dated explanation.
-

Peer Review

I certify that I have complied with peer review in accordance with 12 AAC 14.900.

X _____
Initials

- Yes, the above statement is true and correct.
 - No, the above statement is not correct. I have attached a signed and dated explanation.
-

All applications for renewal must include copies of the following current certificates:

X _____
Initials

- Basic Life Support for the Health Care Provider
- Neonatal Resuscitation
- All applicants for renewal must complete the enclosed open-book self-study program on Alaska state law (except for licensees with less than one full calendar year of licensure).



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Signature Page

Applicant Name:	
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PART VI Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant's Signature:		Date:	
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OFFICE USE ONLY	
BLS:	Disc. Cert:
Neonatal:	State Law:
IV:	Peer Review:
GBSIV:	CPE MET:



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>

APPLICATION INFORMATION

MID Information

LICENSE TERM

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

General Information

APPLICATION PROCESSING:

The average time to process an application is 4-6 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid a certificate will be issued and sent to you. If the application is not approved for certification, a status letter will be sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

“YES” RESPONSES

A “Yes” response in the application does not automatically mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

SPECIAL ACCOMMODATIONS FOR EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an Application for Examination Accommodations for Candidates with Disabilities form (08-4449).

PUBLIC INFORMATION

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.gov under License Search.

CERTIFIED TRUE COPIES

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

ABANDONED APPLICATIONS

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

BUSINESS LICENSES

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information contact: (907) 465-2550 or BusinessLicense.Alaska.gov.

STATUTES AND REGULATIONS

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov. If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to the address below.

REGULATIONS SPECIALIST

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: RegulationsAndPublicComment@Alaska.Gov

US MAIL: P.O. Box 110806, Juneau, Alaska 99811-0806

Regulations

12 AAC 14.400. CERTIFICATION RENEWAL REQUIREMENTS. (a) A certificate as a direct-entry midwife expires on December 31 of even numbered years.

- (b) A certified direct-entry midwife applying for certificate renewal shall
- (1) apply on a form provided by the department;
 - (2) pay the fees established in 12 AAC 02.145;
 - (3) certify that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;
 - (4) submit copies that are current at the time of certificate renewal verifying certification in
 - (A) the Basic Life Support for Health Care Providers Program (BLS);
 - (B) intravenous therapy treatment for Group B *Streptococci*, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC);
 - (C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); and
 - (D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA); and
 - (5) demonstrate continued practical professional competency by verifying
 - (A) fulfillment of the continuing competency requirements in 12 AAC 14.420 - 12 AAC 14.450; and
 - (B) compliance with the peer review requirements in 12 AAC 14.900.

12 AAC 14.420. CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in 12 AAC 14.450, an applicant for renewal of a certificate as a direct-entry midwife shall certify having completed 20 contact hours of continuing education approved by the board during the concluding license period. The 20 contact hours must include the following:

- (1) at least four hours of the required continuing education contact hours must be in pharmacology; no more than two hours of the continuing education hours required under this paragraph may be in alternative medications, including herbology and homeopathy;
 - (2) at least two hours of the required continuing education contact hours must be for the completion of the self-study program described in 12 AAC 14.430(e).
- (b) No more than 10 of the required continuing education contact hours may be completed in a self-study program.
- (c) For the purposes of this section,
- (1) one contact hour equals a minimum of 50 minutes of instruction;
 - (2) one continuing education unit awarded by a professional association equals 10 contact hours;
 - (3) one academic semester credit hour equals 15 contact hours;
 - (4) one academic quarter credit hour equals 10 contact hours.
- (d) The contact hours of continuing education required by this section may not be met by courses used to satisfy the requirements of 12 AAC 14.400(b)(4).

12 AAC 14.430. APPROVED CONTINUING EDUCATION PROGRAMS. (a) To be approved by the board, a continuing education program must cover one or more of the course of study subjects listed in 12 AAC 14.200 and directly relate to the clinical practice of midwifery.

(b) A continuing education program sponsored by any of the following organizations that meets the requirements of (a) of this section is considered approved by the board:

- (1) the American College of Obstetrics and Gynecology (ACOG);
- (2) the American Medical Association (AMA);
- (3) the Association for Women's Health, Obstetrics, and Neonatal Nurses (AWHONN);
- (4) the American College of Nurse Midwives (ACNM);
- (5) the Midwives' Alliance of North America (MANA);
- (6) *repealed 4/4/2002*;
- (7) the Midwives' Association of Alaska (MAA);
- (8) *repealed 4/4/2002*;
- (9) the American Nurses' Association (ANA);
- (10) an accredited postsecondary educational institution; and
- (11) the Midwifery Education Accreditation Council (MEAC).

(c) A self-study continuing education program sponsored by one of the organizations listed in (b) of this section that meets the requirements of (a) of this section is considered approved by the board.

(d) A continuing education program not sponsored by one of the organizations listed in (b) of this section must be individually approved by the board.

(e) The board's self study program required in 12 AAC 14.420(a)(2) covers the board's current statutes and regulations in AS 08.65 and 12 AAC 14, and will be revised for each renewal. The board's self-study program and a booklet containing the board's current statutes and regulations will be mailed to each licensee with the renewal form.

12 AAC 14.440. CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS. Except as provided in 12 AAC 14.450, an applicant for renewal of a certificate as a direct-entry midwife shall certify having assisted with, or been primarily responsible for, 10 deliveries during the concluding license period.

12 AAC 14.450. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST TIME CERTIFICATE RENEWALS. An individual who is applying for a direct-entry midwife certificate renewal for the first time shall certify having completed one half of the continuing competency requirements in 12 AAC 14.420 - 12 AAC 14.440 for each complete calendar year that the applicant was certified during the concluding license period.

12 AAC 14.460. VERIFICATION OF COMPLIANCE. (a) A certified direct-entry midwife shall submit, on a form provided by the department, a statement verifying compliance with the requirements of 12 AAC 14.420 - 12 AAC 14.450 at the time the certificate holder applies for renewal.

(b) The board will, in its discretion, require an applicant for renewal to submit additional evidence of compliance with the requirements of 12 AAC 14.420 - 12 AAC 14.450. The certificate holder shall maintain evidence of compliance with 12 AAC 14.420 - 12 AAC 14.450 for three years.

12 AAC 14.470. REINSTATEMENT OF A LAPSED CERTIFICATE. (a) The board will, in its discretion, reinstate a certificate that has been lapsed less than two years if the applicant

(1) *repealed 3/2/2011*;

(2) complies with the certificate renewal requirements in 12 AAC 14.400(b).

(b) The board will reinstate a certificate that has been lapsed for at least two years, but not more than five years, if the applicant

(1) *repealed 12/17/97*;

(2) pays the renewal fee required in 12 AAC 02.145 for the current renewal period;

(3) submits a statement verifying that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;

(4) submits copies that are current at the time of application for reinstatement verifying certification in

(A) the Basic Life Support for Health Care Providers Program (BLS) and neonatal resuscitation;

(B) intravenous therapy treatment for Group B *Streptococci*, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC); and

(C) intravenous therapy, from the Midwives' Association of Alaska (MAA), or from a program approved by the Midwifery Education Accreditation Council (MEAC);

(D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA);

(5) documents completion of the continuing education requirements in 12 AAC 14.420 for the entire period since the certificate lapsed;

(6) documents completion of

(A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or

(B) at least 10 preceptor-supervised deliveries in the year immediately preceding the application for reinstatement in which the applicant was the primary or assisting midwife; in at least five of the supervised deliveries, the applicant must have been the primary midwife;

(7) submits verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; the verification must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked.

(c) The board will not reinstate a certificate that has been lapsed more than five years at the time of application for reinstatement.

Sec. 08.65.110. GROUNDS FOR DISCIPLINE, SUSPENSION, OR REVOCATION OF CERTIFICATION. The board may impose a disciplinary sanction on a person holding a certificate or permit under this chapter if the board finds that the person

(1) secured a certificate or permit through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of client care by persons under the certified direct-entry midwife's supervision that does not conform to minimum professional standards regardless of whether actual injury to the client occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of current professional practices;

(C) addiction or severe dependency on alcohol or other drugs that impairs the ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to clients.

12 AAC 14.900. PEER REVIEW. (a) The board will designate, as a peer review committee, a qualified organization with experience in certified direct-entry midwifery to provide peer review to the board concerning the quality of care provided by a certified direct-entry midwife.

(b) In the agreement for peer review services, the board will require the organization providing peer review to

(1) maintain confidentiality of medical records as required by law;

(2) randomly review summaries of births submitted by a certified direct-entry midwife under (c)(1) of this section;

(3) review those summaries of births or other records submitted under (c)(2) and (3) of this section;

(4) review at the request of the board any case or summary of birth relating to care by a certified direct-entry midwife;

(5) maintain records of the organization related to the review;

(6) provide records to the board and division investigative staff, as requested by the board or division investigative staff; and

(7) report to the board or division investigative staff on activities and results of the peer review conducted under this section, including any recommendations for disciplinary action.

(c) A certified direct-entry midwife shall submit to the board or, if an organization has been designated under (a) of this section, to that organization the following information:

(1) a copy of the summary of birth for each labor and delivery for which the certified direct-entry midwife had primary responsibility during the 12-month period that began on April 1 of the preceding year; the copy must be submitted on or before May 1 of each year;

(2) all records required under 12 AAC 14.540 as requested by the board through the organization providing peer review for cases selected under (b)(2) of this section; and

(3) within 10 days after the delivery or transfer of care all records required under 12 AAC 14.540 for any case in which a client for whom the certified direct-entry midwife had primary responsibility

(A) died;

(B) required emergency hospital transport;

(C) required intensive care; or

(D) had any of the complications or conditions listed in AS 08.65.140(d)(1) – (17) if the newborn was delivered by a certified direct-entry midwife in accordance with AS 08.65.140(e) or (f).

(d) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110(6).



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Jurisprudence Questionnaire

In accordance with 12 AAC 14.420(a)(2) this self-study program must be completed before your license can be issued/renewed. All answers are in the enclosed Statute and Regulation booklet. Once completed and signed off by a Board representative, this cover page will act as a certificate of completion for two contact hours of continuing education and will be added to your license file. Failure to answer a question completely or leaving an item blank will result in non-renewal of your license and inability to practice midwifery.

Step 1 Select the correct answer

Step 2 Cite the statute or regulation where the answer was found

1. Name three items, according to professional regulations, that the Certified Direct-Entry Midwife shall accomplish at the initial prenatal visit.

1. _____
2. _____
3. _____

→ Cite Statute / Regulation _____

2. What specific blood tests are required to be recommended by state regulation at the 24-28 week prenatal visit?

- _____
- _____

→ Cite Statute / Regulation _____

3. Name five conditions that the client may develop during the prenatal period which would require the Certified Direct-Entry Midwife to consult with a physician or certified nurse midwife.

1. _____
2. _____
3. _____
4. _____
5. _____

→ Cite Statute / Regulation _____

4. During a prenatal visit a client has a BP of 130/92 and her usual BP is 110/70. What should the midwife do?

- Recheck the BP in 2 weeks
- Consult with a physician or certified nurse midwife
- Nothing; this is normal in pregnancy

→ **Cite Statute / Regulation** _____

5. Name four conditions that the client may develop during the postpartum period which would require the certified direct-entry midwife to obtain medical consultation or refer the client for medical care..

1. _____
2. _____
3. _____
4. _____

→ **Cite Statute / Regulation** _____

6. Name four conditions that the client may develop during the intrapartum period which would require the certified direct-entry midwife to obtain medical consultation or refer the client for medical care.

1. _____
2. _____
3. _____
4. _____

→ **Cite Statute / Regulation** _____

7. After giving a laboring client, who is Group B Strep positive, Ampicillin IV, she develops a rash all over her cheeks and chest. What should the midwife do?

- Give her 25 mg of diphenhydramine IM and continue on with the labor and delivery.
- Give her 25 mg of diphenhydramine IM and consult with a physician.
- Nothing, as she reported that she got a rash the last time she received Ampicillin.

→ **Cite Statute / Regulation** _____

8. At 15 to 20 weeks gestation, a certified direct-entry midwife is required, by state regulation, to discuss with the client the availability of maternal fetal screening.

- True
- False

→ **Cite Statute / Regulation** _____

9. After delivery, if the client or infant is not stable within _____ hours, the Certified Direct-Entry Midwife shall transfer the client/infant to an appropriate medical facility

→ **Cite Statute / Regulation** _____

10. If a mother has Rh negative type blood, name the two procedures that are required by state regulation in the postpartum period.

1. _____
2. _____

→ Cite Statute / Regulation _____

11. After delivery of the newborn, if the placenta is not delivered within _____, the Certified Direct-Entry Midwife shall obtain medical consultation or refer for medical care.

→ Cite Statute / Regulation _____

12. Name four signs that indicate neonatal stability according to state regulations.

1. _____
2. _____
3. _____
4. _____

→ Cite Statute / Regulation _____

13. A baby who has mild retractions at 2 hrs old is normal and no further action is required.

- True
- False

→ Cite Statute / Regulation _____

14. A Certified Direct-Entry Midwife must remain with a client for _____ after delivery.

→ Cite Statute / Regulation _____

15. Name four items that should be assessed on the mother at the postpartum visit within 36 hours of the birth.

1. _____
2. _____
3. _____
4. _____

→ Cite Statute / Regulation _____

16. The maximum amount of IV fluids a Certified Direct-Entry Midwife may give to a client who would benefit from hydration is _____

→ Cite Statute / Regulation _____

17. A Certified Direct-Entry Midwife shall have written back up arrangements that must include procedures concerning alternate midwife assistance for clients in the CDM's absence and abnormal conditions and medically indicated maternal or infant consultations.

- True
- False

→ **Cite Statute / Regulation** _____

18. A Certified Direct-Entry Midwife shall consult with a physician concerning an infant who:

- A. Has an abnormal cry.
- B. Has an APGAR score of 7 or less at 5 minutes.
- C. Shows signs of prematurity or dysmaturity.
- D. All of the above
- E. B. and C. above

→ **Cite Statute / Regulation** _____

19. In accordance with AS 18.50.160, a Certified Direct-Entry Midwife shall complete and file a birth certificate within _____ days after the birth.

→ **Cite Statute / Regulation** _____

20. A Certified Direct-Entry Midwife who delivers an infant weighing less than 5 ½ pounds is required by regulation to consult with a physician.

- True
- False

→ **Cite Statute / Regulation** _____

21. Explain what shall be included in the emergency transport plan, which is to be presented to each client before the onset of labor.

1. _____
2. _____

→ **Cite Statute / Regulation** _____

22. The Midwives Association of Alaska (MAA) has been designated by the Board to provide peer review concerning the quality of care provided by a Certified Direct-Entry Midwife. State the procedure that a Certified Direct-Entry Midwife must follow in order to comply with the peer review requirement.

→ **Cite Statute / Regulation** _____

23. Define "Emergency" according to State regulation.

→ **Cite Statute / Regulation** _____

24. Name the professional practice requirements for renewal of a Certified Direct-Entry Midwife license.

→ **Cite Statute / Regulation** _____

25. A person may not practice as an apprentice direct-entry midwife in this state unless that person has been issued a permit.

- True
- False

→ **Cite Statute / Regulation** _____

26. List five medications that it is within your scope of practice to administer:

1. _____
2. _____
3. _____
4. _____
5. _____

→ **Cite Statute / Regulation** _____

27. It is a violation of professional regulations for an individual to attend births as a CDM during a period when their CDM license has lapsed.

- True
- False

→ **Cite Statute / Regulation** _____

28. All violations of professional regulations may be subject to disciplinary actions.

- True
- False

→ **Cite Statute / Regulation** _____

29. An apprentice may add or change preceptors without notifying the department.

- True
- False

→ **Cite Statute / Regulation** _____