



Board of Certified Direct-Entry Midwives
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: Midwives@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/Midwives

Application for Permit to Practice as an Apprentice Direct-Entry Midwife

A permit issued under 12 AAC 14.130 is required to practice as an apprentice direct-entry midwife.

Average processing time for an application is four to eight weeks. Applications are reviewed in order of date of receipt in our office. If any of your application documentation requires additional information, the review process may take longer. Apply far enough in advance to allow processing time and review by the board, if required.

The following must be received by the division before your application for Permit to Practice as an Apprentice Direct-Entry Midwife can be reviewed:

1. APPLICATION

A signed, completed application (#08-4228, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$250.00

Permit Fee: \$300.00

Total Fees Due: \$550.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4228b).

4. AFFIDAVIT VERIFYING COMPLIANCE WITH 12 AS 08.65.050(3)

Affidavit verifying compliance with 12 AS 08.65.050(3) regarding professional fitness.

5. PRIMARY PRECEPTOR ACCEPTANCE VERIFICATION

Verification of acceptance into an apprenticeship program that the board has approved under 12 AAC 14.220 with the Primary Preceptor Acceptance Verification form (#08-4228a).

Note: The Primary Preceptor Acceptance Verification form (#08-4228a) must be signed by ONE primary preceptor who will be responsible for your apprenticeship program. You must notify the board of any changes within 30 days per 12 AAC 14.130(e). An apprentice direct-entry midwife shall submit written notice to the department within 30 days after any addition (form #08-4228c) or change to the relationship with the apprenticeship program preceptor. All preceptors must be currently registered as a preceptor with the North American Registry of Midwives (NARM) to qualify per 12 AAC 14.130(g) and 12 AAC 14.210.

6. CERTIFICATION IN BASIC LIFE SUPPORT FOR HEALTH CARE PROVIDERS (BLS)

A copy of current certification in Basic Life Support for Health Care Providers (BLS).

APPRENTICE PERMIT RENEWAL: The apprentice permit is valid for a term of two years and may be renewed in accordance with AS 08.65.090. Regulation 12 AAC 14.130 outlines the requirements for an apprentice permit. In order to renew the permit, an apprentice must submit a fully completed application (#08-4228) along with the \$300.00 permit fee. It is the responsibility of an apprentice to notify the division should their permit require renewal and to allow time for the application to be processed.

IMPORTANT: You must DOCUMENT ALL BIRTHS with which you are involved from the date this permit is issued up to the date you apply for certification. Forms for documenting these births will be mailed along with your apprentice permit.

THE PRACTICAL SKILLS LIST FOR ALASKA CDM'S must be kept by your primary preceptor and used to document your performance of practical skills. The Practical Skills List will be mailed along with your apprentice permit.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. 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.

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 March 31 of odd-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 sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not 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 the charging document and judgement.

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, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. 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.

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.

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 (#08-4372) 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.

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.

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.

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 about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

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.

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 specific 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*



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

MID

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Application for Permit to Practice as an Apprentice

Direct-Entry Midwife

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Application and Permit Fee (\$250 is Non-Refundable)	\$550.00
	<input type="checkbox"/> Permit Renewal Fee License Number: _____	\$300.00

PART II Personal Information

Full Legal Name:			
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p>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.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 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.</p>			

PART III Education

State in chronological order the name and location of each high or preparatory school, GED, college, university or technical school attended, the time spent at each, and if a graduate, the year of graduation.

Name of Institute	Location	Date(s) Attended	Graduation Date	Diploma/Degree Received

PART IV Medical Malpractice History

Have you ever had any claims of malpractice filed against you?

No

Yes

If "yes," please list all claims of malpractice filed against you below. Include all settlements, judgments, awards, and claims, even if no money was paid. For each case listed below, provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name and signed by you; include a brief description regarding the nature of the case, the allegations, and your response to the allegations.

*Letters from attorneys or insurance carriers **may not** be substituted for this required explanation.* Documentation includes a copy of the order for settlement, dismissal, or removal from the case, or other documentation to support your explanation. Please do not send all of the motions or filings for the case.

If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

Date of Case (mm/yyyy)	State or Jurisdiction	Nature of Allegation	Amount of Award or Settlement

PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving 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
2. 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
3. Are you currently the subject of any unresolved complaints or any unresolved disciplinary actions in another jurisdiction as far as you are aware? Yes No
4. Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice midwifery in a competent, ethical, and professional manner? Yes No
5. Do you use drugs or alcohol in any manner that impairs your ability to practice midwifery competently and safely? Yes No

"Yes" Answers

If you answered "yes" to questions 4 or 5, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a midwife. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART VI Attestations

- I certify I have reviewed AS 08.65.050(3) and AS 08.65.110 and attest that I have not engaged in conduct that is a ground for imposing disciplinary sanctions as referenced under AS 08.65.110.
- OR -
- I certify I have reviewed AS 08.65.050(3) and AS 08.65.110 and attest I DO NOT MEET AS 08.65.110. I have included an explanation and the applicable legal documentation.
- AND -
- I certify per 12 AAC 14.140 the information provided on this application and all forms accompanying it are true and correct.



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Signature Page

Applicant Name:

PART VII 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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Applicant Signature:

Date Signed:



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Primary Preceptor Acceptance Verification

Before an apprentice permit can be issued, the applicant must verify that she/he has been accepted into an apprenticeship program conducted under the supervision of a board approved preceptor. Please read 12 AAC 14.220 and all cited regulations thoroughly before signing. The form must be completed by the **PRIMARY PRECEPTOR ONLY**.

Primary Preceptor Name:		Phone Number:	
Profession:		Years Practiced:	
Preceptor License Number:		State Where Licensed:	
Are you currently registered as a preceptor with the North American Registry of Midwives (NARM) as required by 12 AAC 14.130(g) and 12 AAC 14.210? (You will need to provide a copy of that registration for the office to review.)			<input type="checkbox"/> No <input type="checkbox"/> Yes
Email Address:			
Apprentice Name:			
Name of Academic Course of Study to be Given or Name of Midwifery School:			
Additional Preceptor License Type (check box below next to identify license type):			
AS 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by:			
<input type="checkbox"/> (1) certified direct-entry midwife who has been licensed and practicing in this state for at least two years and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;			
- or -			
<input type="checkbox"/> (2) certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, has practiced midwifery for the last two years, and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;			
- or -			
<input type="checkbox"/> (3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship;			
- or -			
<input type="checkbox"/> (4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.			
A preceptor must also be actively registered as a preceptor with the North American Registry of Midwives (NARM) to qualify. If this is a change of Primary Preceptor, the apprentice must submit a fully completed Primary Preceptor acceptance verification form (#08-4228a) to the department, within 30 days of that change.			

I certify that I have been practicing in the aforementioned profession for the number of years listed above and that the applicant has been accepted into an apprenticeship program under my direction. I understand that by signing this form, I am verifying that I am the **PRIMARY** preceptor for this applicant and that I am responsible for ensuring that this apprentice is enrolled in an approved course with all academic subjects outlined in 12 AAC 14.200 and given the opportunity to obtain the clinical experience required by 12 AAC 14.210.

I certify that I understand I must hold and maintain registration as a preceptor with the North American Registry of Midwives to remain a preceptor.

I further understand that I am responsible for completing and keeping the “Practical Skills List for Alaska Certified Direct-Entry Midwives” and using it to document this apprentice’s performance of the practical skills required by the Board.

Apprentice Signature:		Date Signed:	
Primary Preceptor Signature:		Date Signed:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a permit to practice as an apprentice direct-entry midwife.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Notification of Addition to Primary Preceptor for Apprentice Permit Holder

In accordance with 12 AAC 14.130(e) An apprentice direct-entry midwife shall submit written notice to the department within 30 days after any addition or change to the relationship with the apprenticeship program preceptor.

Apprentice Name:		Apprentice Permit Number:	
Relationship Begin Date:			
Additional Preceptor Name:		License Number:	
Email Address:		Phone Number:	
State Where Licensed:		Years Practiced:	
Are you currently registered as a preceptor with the North American Registry of Midwives (NARM) as required by 12 AAC 14.130(g) and 12 AAC 14.210? (You will need to provide a copy of that registration for the office to review.)			<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Preceptor License Type (check box below next to identify license type):			
AS 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by:			
<input type="checkbox"/> (1) certified direct-entry midwife who has been licensed and practicing in this state for at least two years and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;			
- or -			
<input type="checkbox"/> (2) certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, has practiced midwifery for the last two years, and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;			
- or -			
<input type="checkbox"/> (3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship;			
- or -			
<input type="checkbox"/> (4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.			
A preceptor must also be actively registered as a preceptor with the North American Registry of Midwives (NARM) to qualify. If this is a change of Primary Preceptor, the apprentice must submit a fully completed Primary Preceptor acceptance verification form (#08-4228a) to the department, within 30 days of that change.			
Apprentice Signature:		Date Signed:	
Primary Preceptor Signature:		Date Signed:	



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Professional Licensing

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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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FOR DIVISION USE ONLY

State of Alaska
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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: _____

Profession Type (e.g., Acupuncture): _____

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____

2. Expiration Date: _____

3. Security Code: _____

All 3 fields MUST be completed!

This section will be destroyed after the payment is processed.