



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: <http://commerce.alaska.gov/cbpl/pl>

PROCEDURES FOR OBTAINING CERTIFICATION BY CREDENTIALS AS A DIRECT-ENTRY MIDWIFE

This application is to be used only by applicants who hold a current license to practice midwifery in another jurisdiction and have performed at least 10 births (5 as the primary midwife) within the last 24 months. If you do not meet the requirements of certification by credentials, you may apply for CERTIFICATION BY EXAMINATION by using Form 08-4215.

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.

In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents must be received by the division's Juneau office at least 30 days before the date of the next regularly scheduled meeting of the board. Board meetings are posted on the website, <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/Midwives.aspx>.

The following items must be on file before your application will be considered by the board per 12 AAC 14.120:

- 1. Complete, notarized application form, including photograph.
- 2. Fees
 - \$500.00 Nonrefundable Application Fee.
 - Certification fee of \$3800.00.
- 3. Authorization for Release of Records (form 08-4198a).
- 4. Copy of current certification in:
 - Basic Life Support for Health Care Providers (BLS).
 - IV Therapy Group B Strep
 - IV Therapy
 - Neonatal Resuscitation
- 5. Verification of Licensure sent directly from each jurisdiction where you hold or have ever held a license or permit to practice midwifery, one of which must be current and in good standing (form 08-4198b). The Verification of Licensure must be sent directly to the State of Alaska from each jurisdiction.
- 6. Affidavit of Course of Study/Apprenticeship (form 08-4198d).
- 7. Proof of passing the examination prepared and graded by the North American Registry of Midwives (NARM). These results must be mailed directly to the board from NARM.
- 8. Copies of certificates verifying at least 20 hours of continuing education within the preceding 2 years, at least 4 of those hours must be in pharmacology and 2 hours must be for completion of the self-study course on Alaska law. (The self-study course and a booklet of Alaska Statutes and Regulations will be mailed to the applicant upon application approval by the board.)
- 9. Affidavit of Clinical Experience (form 08-4198c).

SOCIAL SECURITY NUMBER

In accordance with AS 08.01.060, the department is not authorized to issue a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at <http://commerce.alaska.gov/cbpl/pl> or contact the division.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

GENERAL INFORMATION

All certificates expire December 31 of even-numbered years regardless of when issued, except new certificates issued within 90 days of the expiration date will be issued through the next biennial license period.

PUBLIC INFORMATION

All information supplied with this application is public information 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 <http://commerce.alaska.gov/cbpl/pl> under License Search.

A wall certificate suitable for framing can be obtained by submitting a written request along with the \$20.00 fee pursuant to 12 AAC 02.105(8).



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MID

For Division Use Only

**APPLICATION FOR CERTIFICATION
 BY CREDENTIALS AS A DIRECT-ENTRY MIDWIFE**

I hereby apply for Direct-Entry Midwife Certification by Credentials (must be currently licensed in another jurisdiction)

- Nonrefundable Application Fee: \$500.00
- Certification Fee: \$3800.00
- Wall Certificate (optional): \$20.00

Applicant's Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Daytime Telephone Number: _____ Social Security Number: _____

Email Address: _____ Gender: Female Male Date of Birth: _____

Have you taken the North American Registry for Midwives (NARM) examination? Yes No

Have you passed the NARM examination? Yes No

If "yes," provide date when passed: _____

MIDWIFERY TRAINING AND EXPERIENCE – State in chronological order all professional **education and experience** including college, university, technical or professional school, and practice pertaining to the profession for which you are making application.

From Mo/Day/Yr	To Mo/Day/Yr	Name and Location Where Training Received	Nature of Experience	Date Graduated or Completed

PREVIOUS REGISTRATION – List all jurisdictions in which you hold or have held professional licenses.

Jurisdiction	Profession	License No.	First Issue Date	Expiration Date	How Licensed (exam, reciprocal, other)

PROFESSIONAL FITNESS (Alaska Statute 08.65.050(3), AS 08.65.110 and 12 AAC 14.140)

If any of the following questions are answered "yes," full details must be furnished on a separate piece of paper and attached to this application.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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, 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the last five years, 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Within the last five years, 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 midwifery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. List below any malpractice actions that have been filed against you, including the nature of the case, date, and address of court where it is filed, and case status. | | |

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 also reviewed AS 08.65.050(3) and AS 08.65.110 and attest I DO NOT MEET AS 08.65.110 and I have included the applicable documentation.

AND

I certify per 12 AAC 14.140 the information provided on this application and all forms accompanying it are true and correct.

If you answered "Yes" to any questions or statements, please submit a signed and dated detailed statement of explanation and a copy of the legal documentation, if applicable. All information supplied with the application is considered public information, except information considered to be private by state or federal law. Licensee information, including mailing addresses, is available on the division's website at www.commerce.alaska.gov/occ under License Search.

Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

ATTACH RECENT PHOTOGRAPH HERE

Passport size taken within one year of application

SEAL
Notary seal must cover portion of photograph

Notary Public

Notary Public for _____

My Commission Expires: _____

WARNING:
Alaska Statute 11.56.210 states that any person who knowingly, or intentionally, furnishes false or fraudulent information in an application has committed a class A misdemeanor. Any false or misleading information may result in failure to obtain registration or subsequent revocation of registration.

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AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, _____, residing at _____

_____, authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, employment, education 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 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 which 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.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, 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 my application for a permit to practice as a direct-entry midwife.

Home Telephone: _____

Work Telephone: _____

Signature: _____

Date: _____

Has the applicant's license ever been suspended or revoked? No Yes

If yes, for what reason? _____

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? No Yes

If yes, please describe: _____

Please provide any information you believe relevant to the applicant's qualifications and fitness to practice midwifery:

SEAL

Signed: _____

Printed Name: _____

Title: _____

State Board: _____

Date: _____

Please return this form directly to:

Division of Corporations, Business and Professional Licensing
Alaska Board of Certified Direct-Entry Midwives
P.O. Box 110806
Juneau, AK 99811-0806

AFFIDAVIT OF CLINICAL EXPERIENCE

Births Attended: Location	Date of Birth, Weight and Sex in Chronological Order	S – Supervising Licensee (MD-CNM-CDM) P – Primarily Responsible for Labor & Delivery A – Assisted with Labor Management O – Observations	No. of Prenatal Visits Conducted by Applicant	Newborn Exam Yes/No	No. of Postpartum Examinations of Mother Conducted by Applicant
Number 1	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 2	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 3	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 4	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 5	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 6	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Print Name of Applicant

AFFIDAVIT OF CLINICAL EXPERIENCE

Births Attended: Location		Date of Birth, Weight and Sex in Chronological Order	S – Supervising Licensee (MD-CNM-CDM) P – Primarily Responsible for Labor & Delivery A – Assisted with Labor Management O – Observations	No. of Prenatal Visits Conducted by Applicant	Newborn Exam Yes/No	No. of Postpartum Examinations of Mother Conducted by Applicant
Number 7		DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 8		DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 9		DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Number 10		DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	

I, _____, certify that I was the primary or assisting
 (Applicant Name)
 midwife for at least 10 births, five of which I was the primary midwife, within the 24 months previous to submitting my application for certification in Alaska. The 10 births are listed above as required by 12 AAC 14.120.

Signature of Applicant

Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

SEAL

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AFFIDAVIT OF COURSE OF STUDY / APPRENTICESHIP

Alaska Statute 08.65.070 requires that an applicant for certification by credentials meet AS 08.65.050(1)–(4) which includes completion of a course of study and supervised clinical experience of at least one year's duration.

I, _____, certify that I have completed a midwifery
(Name of Applicant)

course of study with _____, _____ and supervised
(Name of Education Program) (Date Completed)

clinical experience of at least one year's duration.

Date Apprenticeship Started: _____

Date Apprenticeship Completed: _____

Signature of Applicant

Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Notary Public

SEAL

My Commission Expires: _____