

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Certified Direct-Entry Midwives  
P.O. Box 110806  
Juneau, Alaska 99811-0806  
(907) 465-2580  
E-mail: license@alaska.gov

**NOTIFICATION OF ADDITION TO PRIMARY PRECEPTOR  
FOR APPRENTICE PERMIT HOLDER**

This form should be submitted as written notice to the department within 30 days for any addition to the apprenticeship program Preceptor during the duration of the apprenticeship program.

Make copies of this form as needed and mail to the department. Additional blank forms can be found on the website <http://www.commerce.state.ak.us/occ/pmid.htm> by scrolling to Miscellaneous Forms under the link Application and Forms.

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.

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Name of Apprentice: \_\_\_\_\_ Apprentice Permit #: \_\_\_\_\_

Date apprentice relationship began with additional preceptor: \_\_\_\_\_

Additional Preceptor Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Additional Preceptor License Type: (check box below next to identify license type)

**Sec. 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

- (1) a certified direct-entry midwife who has been licensed and practicing in this state for at least two years;
- (2) a 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, who is certified in this state, and who has practiced midwifery for the last two years;
- (3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship;  
or
- (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.

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 Permit holders Signature

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Current Date