In order to obtain status as a CDM preceptor in Alaska, the following form must be completed and approved by the board. Once approved by the board, the licensee’s Alaska direct-entry midwife license will indicate "approved preceptor" and renewal of the practitioner license will also renew the status as an approved preceptor.

12 AAC 14.220. APPRENTICESHIP PROGRAMS. (a) To be approved by the board, an apprenticeship program must
(1) be for a duration of at least one year;
(2) be conducted under the supervision of an apprenticeship program preceptor; and
(3) provide a training program for the apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.
(b) For purposes of this section, an apprenticeship program preceptor means an individual who meets the supervisory requirements of AS 08.65.090(b).

Sec. 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (a) The board shall issue a permit to practice as an apprentice direct-entry midwife to a person who satisfies the requirements of AS 08.65.050(1)—(3) and who has been accepted into a program of education, training, and apprenticeship approved by the board under AS 08.65.030. A permit application under this section must include information the board may require. The permit is valid for a term of two years and may be renewed in accordance with regulations adopted by the board.
(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.
APPLICATION FOR APPRENTICE DIRECT-ENTRY MIDWIFE PRECEPTOR

PLEASE TYPE OR PRINT INFORMATION:

Preceptor's Name: ________________________________  Last  First  Middle

Mailing Address: ________________________________________________________________

City: ___________________________  State: ____________  ZIP Code: _________________

Daytime Telephone Number: ___________________________  Date of Birth: ______________________

Location of Practice: ___________________________________________________________
              City: _____________________________  State: ______________

List all states where you hold or have ever held licenses to practice any healthcare profession.

<table>
<thead>
<tr>
<th>Profession</th>
<th>State</th>
<th>License Number</th>
<th>1st Issue Date</th>
<th>Expiration Date</th>
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Number of Years in Practice: ____________

Number of deliveries for which you had primary responsibility in the last two years: ____________

1. Please provide a detailed history of your midwifery practice during the last two years: ________________

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

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2. Name of academic course of study: ____________________________________________

Please describe the “academic” portion of the apprentice program that you will oversee: ____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Please describe the “clinical” portion of the apprentice program that you will oversee: ________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature __________________________ Date __________________________

PLEASE SUBMIT YOUR RESUME ALONG WITH THIS APPLICATION

If you have not been licensed and practicing in Alaska for at least two years, you must have the attached verification of licensure form completed by a state where you held licensure for at least two years and where you have practiced midwifery for the past two years.
This form is essential to the application you are filing with this board. The information requested below must be officially verified by the licensing boards/agencies in all states of licensure. Please complete the information requested and forward it to the state(s) in which you hold or have held a license to practice. You are advised to check with that state before forwarding this form to determine if there are additional requirements to be met before the information will be released, i.e., verification fee. (Copy this form as needed)

PART I
TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

Last Name    First Name   Middle Name   Maiden Name

Mailing Address

City      State      ZIP Code

Date of Birth ___________________________ License No. __________________

I hereby request and authorize the State of ___________________________ to provide any and all pertinent information requested in this form to the Board of Certified Direct-Entry Midwives in the State of Alaska to complete an application filed with that agency.

Signature       Date Signed

PART II – NOT TO BE COMPLETED BY THE APPLICANT

The above applicant is applying for board approval as a preceptor in Alaska. Please complete the following and return directly to the Alaska State Board of Certified Direct-Entry Midwives.

State of ___________________________

Name of Licensee ___________________________

License No. ___________________________ Original Issue Date ___________________________

☐ By reciprocity/endorsement/credentials ☐ By examination: State Board Examination
                                      NARM Examination

License is ☐ current ☐ Lapsed

Expiration Date ___________________________ Expiration Date ___________________________

If the applicant's license has lapsed or expired, please explain why (e.g., failure to pay licensing renewal fees, etc.)

_________________________________________

CLINICAL EXPERIENCE REQUIREMENT

Does your state require for licensure:

1. An apprenticeship? .................................................................
   How long? ___________________________

2. Supervised clinical experience including:
   a. at least 100 prenatal visits?
   b. at least 10 labor and delivery observations (preceding any primary responsibility)?
   c. at least 20 assisted labor managements (preceding any primary responsibility)?
   d. primary responsibility for at least 30 labor and deliveries of newborn and placenta?
   e. at least 30 newborn examinations?
   f. at least 30 postpartum examinations of mother?

If NO, how many?

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LICENSE HISTORY

1. Has the applicant's license ever been suspended or revoked? _____ If so, please describe in # 4 below.

2. Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? _____ If so, please describe in # 4 below.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. General Comments: __________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed: ____________________________
Printed Name: ____________________________
Title: ____________________________
State Board: ____________________________
Date: ____________________________

SEAL

Please return this form directly to:

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

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