



THE STATE  
of **ALASKA**

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

**MID**

FOR DIVISION USE ONLY

**Board of Certified Direct-Entry Midwives**

PO Box 110806, Juneau, AK 99811

Website: [ProfessionalLicense.Alaska.Gov/Midwives](http://ProfessionalLicense.Alaska.Gov/Midwives)

## Certified Direct-Entry Midwives Renewal

**April 1, 2025 – March 31, 2027**

- Your certificate lapses after March 31, 2025. There is no grace period — it is illegal to work if your certificate has lapsed.
- Faxed or emailed applications will not be accepted.
- 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.
- Once the renewal is processed, your certificate will be available for printing via the MY LICENSE self-service portal.

### PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial Certificate Renewal (For certificates first issued on or before March 31, 2024)	\$2800.00
	<input type="checkbox"/> Prorated Certificate Renewal (For certificates first issued on or after April 1, 2024)	\$1400.00

### PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	AK Certificate Number:		
If you have had a legal name change since your last certificate was issued, you must complete a <u>Change of Name</u> form.			
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<b>EMAIL AGREEMENT:</b> 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:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.			
<b>SOCIAL SECURITY NUMBER:</b> 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 VBAC Training

- ☐ I understand the board must accept required training showing competence to provide prenatal care, vaginal delivery and postpartum care for a client with a previous cesarean section in accordance with 12 AAC 14.560(b) and (c). Email [midwives@alaska.gov](mailto:midwives@alaska.gov) for further information about training requirements.

## PART IV Required Acknowledgements

### Professional Practice Requirement

I certify I have assisted with, or been primarily responsible for, 10 deliveries during the concluding certification period per 12 AAC 14.440.

- ☐ Yes, the above statement is true and correct.
- ☐ No, the above statement is not correct.

**If no, supply an explanation:**

### Disciplinary Certification

Since the last renewal, I certify I have not committed an act that is a reason for disciplinary sanction under AS 08.65.110.

- ☐ Yes, the above statement is true and correct.
- ☐ No, the above statement is not correct.

**If no, supply an explanation:**

### Peer Review

Since the last renewal, I certify I have complied with peer review in accordance with 12 AAC 14.445.

- ☐ Yes, the above statement is true and correct.
- ☐ No, the above statement is not correct.

**If no, supply an explanation:**

### Certifications

I certify I hold the following certifications and am submitting them with this renewal form:

- ☐ Certified Professional Midwife certification in good standing from the North American Registry of Midwives (NARM)
- ☐ Basic Life Support for the Health Care Providers (BLS)
- ☐ Neonatal Resuscitation from the American Academy of Pediatrics

Random Audit

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

## PART V Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.65 and 12 AAC 14).

## PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in certificate 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, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

#### *Since the date your last Alaska certificate 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?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |  |   |
| 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |  |   |
| 3.    | Are you currently the subject of any unresolved complaints or any unresolved disciplinary actions in another jurisdiction as far as you are aware?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |  |   |
| 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?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/> |  |   |
| 5.    | Do you use drugs or alcohol in any manner that impairs your ability to practice midwifery competently and safely?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> 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.



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## Signature Page

**Applicant Name:**

### **PART VII** Agreement

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

**Applicant Signature:**

**Date Signed:**

## General Information

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### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the certificate may 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.

### **CERTIFICATE TERM:**

Certificates are issued for a two-year period and expire on March 31 of odd-numbered years, regardless of the date of issuance, except certificates issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before certificate expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a certificate holder from the responsibility of renewing a certificate 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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

### **RANDOM AUDIT:**

If your program requires continuing education, the division will audit a percentage of the certificate renewals. If your certificate 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. Certificate holders 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 certificate holder’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 certificate must be your current legal name.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional certificate is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov*.

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **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 certificate 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.

### **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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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## Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

## 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 generally considered public records, unless required to be kept confidential by state or federal law.



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

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> 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.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		