



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
**BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES**  
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## PROCEDURES FOR REINSTATEMENT OF A LAPSED CERTIFICATE AS A DIRECT-ENTRY MIDWIFE 12 AAC 14.470

### PROCEDURES FOR REINSTATEMENT OF CERTIFICATION AS A DIRECT-ENTRY MIDWIFE:

**Use this application if license has lapsed more than 2 but less than 5 years. This application is to be used by applicants who held a certification to practice midwifery in the state of Alaska and meet the below requirements.**

*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 submitted before your application will be reviewed per 12 AAC 14.470:

- 1. Reinstatement Application (form # 08-4590)
- 2. \$1750.00 Certification fee per 12 AAC 02.145 made payable to the state of Alaska
- 3. Statement verifying that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110; (per Professional Fitness, page 2 of the application)
- 4. Copies of current certification in:
  - A. Basic Life Support for Health Care Providers Program (BLS)
  - B. Neonatal resuscitation;
  - C. Intravenous therapy treatment for Group B *Streptococci*,
  - D. Intravenous therapy
- 5. Verification of completion of 20 continuing education requirements in 12 AAC 14.420 – 12 AAC 14.450 for each license period during the entire period since the certificate lapsed. No more than 10 of the required continuing education contact hours may be completed in a self-study program for each license period. At least four hours in pharmacology; but no more than two hours may be in alternative medications, including herbology and homeopathy for each license period. A combined total of 2 continuing education contact hours are allowed for one open book self-study program on Alaska State Law for the entire time license was in lapsed status, as described in 12 AAC 14.430(e). Contact the division to request the self-study course and booklet .
- 6. Verification of completion of the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed, **or** verification of at least 10 supervised deliveries in the year immediately preceding the application for reinstatement.  
Use the affidavit of clinical experience (form #08-4590a) to report all births. Make as many copies as you need to report the births. Number each birth and number each page according to your needs.

If meeting requirements for 10 supervised deliveries according to 12 AAC 14.470(b)(6)(B) you will need a qualifying preceptor(s) to complete the Affidavit of Clinical Experience (form #08-4590b). You may make additional copies if needed.

Supervised deliveries must meet 12 AAC 14.990. DEFINITIONS.

(4) "preceptor" means a person qualified under AS 08.65.090(b) or 12 AAC 14.210(a) who supervises a person training to be a direct-entry midwife;

(5) "supervision" means the direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice direct-entry midwife or other supervised person while present with the supervised person in the same room;

**Contact the Division staff of the Board of Certified Direct-Entry Midwives with any questions.**

## **GENERAL INFORMATION**

### **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.

### **NAME CHANGE**

If your name has changed since your license lapsed complete a Change of Name form at <http://commerce.alaska.gov/cbpl/pl> and provide a copy of the marriage certificate, court document, or other legal document verifying the change of name.

### **LICENSE EXPIRATION**

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.



**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 <http://commerce.alaska.gov/cbpl/pl> under License Search.

**SIGN AND DATE HERE** 

\_\_\_\_\_  
Signature of Applicant Date

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.

**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	DOB _____	S: _____		YES <input type="checkbox"/>	
		Weight _____	P: _____		NO <input type="checkbox"/>	
	Number	DOB _____	S: _____		YES <input type="checkbox"/>	
		Weight _____	P: _____		NO <input type="checkbox"/>	
	Number	DOB _____	S: _____		YES <input type="checkbox"/>	
		Weight _____	P: _____		NO <input type="checkbox"/>	
	Number	DOB _____	S: _____		YES <input type="checkbox"/>	
		Weight _____	P: _____		NO <input type="checkbox"/>	
	Number	DOB _____	S: _____		YES <input type="checkbox"/>	
		Weight _____	P: _____		NO <input type="checkbox"/>	
	Number	DOB _____	S: _____		YES <input type="checkbox"/>	
		Weight _____	P: _____		NO <input type="checkbox"/>	

12 AAC 14.470. (b)(6) documents completion of  
 (A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or  
 (B) at least 10 supervised deliveries in the year immediately preceding the application for reinstatement.

I, \_\_\_\_\_ declare the above information is true and correct to the best of my knowledge. I also understand that if I falsify any information, I may forfeit the opportunity to be recertified in the State of Alaska.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Make as many copies of this sheet as needed. Number each birth and number each page) Page # \_\_\_\_\_

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**(907) 465-2580**  
**E-mail: license@alaska.gov**

**PRECEPTOR ACCEPTANCE VERIFICATION**

Use this form if you are qualifying births per 12 AAC 14.470(b)(6)(B)  
(make copies as needed)

Before a reinstatement can occur, the applicant must verify that she/he has been under the supervision of a preceptor (per 12 AAC 14.210(a)). This form must be completed by a **QUALIFYING PRECEPTOR**.

I, \_\_\_\_\_, have been practicing as a(n) \_\_\_\_\_  
(Preceptor's Printed Name) (Profession)

for \_\_\_\_\_ year(s) and certify that \_\_\_\_\_  
(Applicant's Printed Name)

was under my supervision from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
month day year month day year

***I understand that by signing this form, I am verifying that I am a qualifying preceptor for this applicant and that I was responsible for supervising the applicant for \_\_\_\_\_ births in order to meet the reinstatement requirements of supervised deliveries per 12 AAC 14.470(b)(6)(B)).***  
(Number)

\_\_\_\_\_  
Signature of Preceptor

Check type of professional license:

- Certified Direct-Entry Midwife
- Certified Nurse Midwife
- Physician with Obstetrical Practice

Preceptor Professional License Number \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for the state of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_