



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) 465-2580 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
www.commerce.state.ak.us/occ/pmid.htm

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES CONTINUING EDUCATION WORKSHEET

The Alaska Board of Certified Direct-Entry Midwives would like to provide guidelines and a worksheet to assistant licensees regarding continuing education renewal requirements. Applicants for reinstatement may use the below guidelines and worksheet to assist in compilation of documentation according to 12 AAC 14.470.

While the board understands many courses and activities are of interest to midwives and they have value to career development, the board is obligated to approve CE's per Alaska statutes and regulations.

All licensees should read the definition of "practice of midwifery" AS 08.65.190 and Article 4 of the regulations as the below information has been adapted from the statutes and regulations. To be approved by the board, a continuing education program must cover one or more of the course of study subjects listed in 12 AAC 14.200 and directly relate to the clinical practice of midwifery as defined in AS 08.65.190. Continuing education activities are approved for CE credit if they meet the requirements of 12 AAC 14.420 and are sponsored by the organizations listed in 12 AAC 14.430.

An individual who is applying for a direct-entry midwife certificate renewal for the first time shall certify having completed one half of the continuing competency requirements for each complete calendar year that the applicant was certified during the concluding license period.

Except as stated above, an applicant for renewal of a certificate as a direct-entry midwife shall certify having completed 20 contact hours of continuing education approved by the board during the concluding license period. The 20 contact hours must include the following:

- (1) at least four hours of the required continuing education contact hours must be in pharmacology; no more than two hours of the continuing education hours required under this paragraph may be in alternative medications, including herbology and homeopathy;
- (2) at least two hours of the required continuing education contact hours must be for the completion of the self-study program described in 12 AAC 14.430(e).
- (b) No more than 10 of the required continuing education contact hours may be completed in a self-study program.
- (c) For the purposes of this section,
 - (1) one contact hour equals a minimum of 50 minutes of instruction;
 - (2) one continuing education unit awarded by a professional association equals 10 contact hours;
 - (3) one academic semester credit hour equals 15 contact hours;
 - (4) one academic quarter credit hour equals 10 contact hours.
- (d) The contact hours of continuing education required by this section may not be met by courses used to satisfy the requirements of 12 AAC 14.400(b)(4).

The board will review certificates and activities based on Alaska law per the below:

1. Course content must meet the definition per AS 08.65.190.
2. One or more of the course of study subjects listed in 12 AAC 14.200 and directly related to the clinical practice of midwifery.
3. Continuing education requirements and sponsors per: 12 AAC 14.420 through 12 AAC 14.450
4. A continuing education program not sponsored by one of the organizations listed in 12 AAC 14.430(b) must be individually approved by the board.
5. The certificate should be complete per centralized regulation 12 AAC 02.960 (1-5).
 - Name of licensee
 - Amount of continuing competency credit awarded
 - Description of the continuing competency activity
 - Dates of actual participation or successful completion
 - Name, mailing address and signature of the instructor, sponsor, or other verifier.

State of Alaska

CERTIFIED DIRECT-ENTRY MIDWIFERY CONTINUING EDUCATION WORKSHEET (PER Article 4 of Regulations)

Print Name: _____

Certified Direct-Entry Midwife License No.: _____

COURSE TITLE AND BRIEF DESCRIPTION OF COURSE CONTENT	DATE COURSE COMPLETED (mm/dd/yyyy)	SPONSORING ORGANIZATION (per 12 AAC 14.430)	NUMBER OF CONTACT HOURS EARNED	DID THIS COURSE CONTRIBUTE DIRECTLY TO THE CLINICAL PRACTICE OF MIDWIFERY Y/N (per AS 08.65.190 and 12 AAC 14.200)	IS THE CERTIFICATE COMPLETE? Y/N (per 12 AAC 02.960)
<input type="checkbox"/> Check here if course was self study	_____ Number of hours within this course for pharmacology				
	_____ Number of hours within this course for alternative medications, including herbology and homeopathy				
<input type="checkbox"/> Check here if course was self study	_____ Number of hours within this course for pharmacology				
	_____ Number of hours within this course for alternative medications, including herbology and homeopathy				
<input type="checkbox"/> Check here if course was self study	_____ Number of hours within this course for pharmacology				
	_____ Number of hours within this course for alternative medications, including herbology and homeopathy				
<input type="checkbox"/> Check here if course was self study	_____ Number of hours within this course for pharmacology				
	_____ Number of hours within this course for alternative medications, including herbology and homeopathy				
<input type="checkbox"/> Check here if course was self study	_____ Number of hours within this course for pharmacology				
	_____ Number of hours within this course for alternative medications, including herbology and homeopathy				
TOTAL PHARMACOLOGY HOURS _____					
TOTAL ALTERNATIVE MEDICATION HOURS _____					
TOTAL COMBINED HOURS OF ALL CONTINUING EDUCATION					_____

This form may be copied if additional space is required

NOTE: Keep all certificates with this worksheet per 12 AAC 14.460 and 12 AAC 02.960

Applicant Signature: _____

Date: _____