



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
Website: www.commerce.state.ak.us/occ

PROCEDURES FOR OBTAINING CERTIFICATION BY CREDENTIALS AS A DIRECT-ENTRY MIDWIFE

This application is to be used only by applicants who hold a current license to practice midwifery in another jurisdiction and have performed at least 5 births as the primary midwife within the last 24 months.

The following items must be on file before your application will be considered by the board:

1. Complete, notarized application form, including photograph.
2. Nonrefundable application fee of \$100.00.
3. Certification fee of \$500.00. The certification fee can be submitted after board approval; however, certification cannot be issued until the fee has been received. (Payment by credit card may be made by completing form 08-4438 attached.)
4. Certified true copy of current certification in Basic Life Support for Health Care Providers (BLS).
5. Certified true copy of current certification in Neonatal Resuscitation.
6. Authorization for Release of Records (form 08-4198a).
7. Proof of passing the examination prepared and graded by the North American Registry of Midwives (NARM). These results must be mailed directly to the board from NARM.
8. Verification of Licensure sent directly from each jurisdiction where you hold or have ever held a license or permit to practice midwifery, one of which must be current and in good standing (form 08-4198b).
9. Copies of certificates verifying at least 20 hours of continuing education within the preceding 2 years, at least 4 of those hours must be in pharmacology and 2 hours must be for completion of the self-study course on Alaska law. (The self-study course and a booklet of Alaska Statutes and Regulations will be mailed to the applicant upon application approval by the board.)
10. Affidavit of Clinical Experience (form 08-4198c).
11. Affidavit of Apprenticeship (form 08-4198d).

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.** The board generally meets on the last Thursday/Friday of February and August. Contact the division for specific dates and deadlines.

CERTIFICATION BY EXAMINATION

If you do not meet the requirements of certification by credentials, you may apply for certification by examination by using Form 08-4215.

SOCIAL SECURITY NUMBER

The department is not authorized to issue a license unless the applicant's Social Security Number is provided. If you do not have a United States Social Security Number, please complete the "Request for Exception from Social Security Number Requirement" form located on the divisions' website at www.commerce.state.ak.us/occ or contact the division for the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A – M; Contact (907) 269-6845 if your last name begins with N – Z; or 1-800-478-3300 to resolve payment issues.

GENERAL INFORMATION

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 www.commerce.state.ak.us/occ under "Professional License Search."

A wall certificate suitable for framing can be obtained by submitting a written request along with the \$20.00 fee pursuant to 12 AAC 02.105(8).

PROFESSIONAL FITNESS (Alaska Statute 08.65.050(3) and AS 08.65.110)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been disciplined by any state board or Midwife Association concerning violation of the Midwifery Practice Act or unethical conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute or law, for any violation or alleged violation of unprofessional or unethical conduct pertaining to the profession for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied a certificate by, or the privilege of taking an examination before any state Midwife Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of any criminal offense other than a minor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a violation of any federal or state narcotic laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a license to practice midwifery revoked, suspended, restricted, or limited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Within the past five years, have you been or are you addicted to, or excessively used or misused, alcohol, narcotics, barbiturates or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Within the past five years, have you been or are you being treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Within the past five years, have you had or do you have any disability or illness which could affect your ability to safely practice midwifery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 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. | | |

If you answered "Yes" to any of these questions, please submit a detailed statement of explanation and 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 www.commerce.state.ak.us/occ under "Professional License Search."

I certify that the information provided on this application is true and correct and all forms supplied by me are true and correct.

Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.



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.

Notary seal must cover a portion of the photograph

SEAL

Department of Commerce, Community, and Economic Development
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P.O. Box 110806
Juneau, Alaska 99811-0806
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AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, _____, residing at _____

_____, authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, employment, education records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for a permit to practice as a direct-entry midwife.

My Social Security
Number is: _____

My Date of
Birth is: _____

Home
Telephone: _____

Work
Telephone: _____

Signature: _____

Driver's License
Number: _____

Date: _____

Has the applicant's license ever been suspended or revoked? _____ If so, for what reason? _____

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? _____ Please describe. _____

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

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

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 1	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Number 2	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Number 3	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Number 4	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Number 5	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Number 6	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>

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	Number 7	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/>	
					NO <input type="checkbox"/>	
	Number 8	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/>	
					NO <input type="checkbox"/>	
	Number 9	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/>	
					NO <input type="checkbox"/>	
	Number 10	DOB _____ Weight _____ Sex _____	S: _____ P: _____ A: _____ O: _____		YES <input type="checkbox"/>	
					NO <input type="checkbox"/>	

I, _____, certify that I was the primary or assisting
 (Applicant Name)
 midwife for at least 10 births, five of which I was the primary midwife, within the 24 months previous to submitting my application for certification in Alaska. The 10 births are listed above as required by 12 AAC 14.120.

 Signature of Applicant

Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

 Notary Public

My Commission Expires: _____

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AFFIDAVIT OF COURSE OF STUDY / APPRENTICESHIP

Alaska Statute 08.65.070 requires that an applicant for certification by credentials meet AS 08.65.050(1)-(4) which includes completion of a course of study and supervised clinical experience of at least one year's duration.

I, _____, certify that I have completed a midwifery
(Name of Applicant)

course of study and supervised clinical experience of at least one year's duration.

Date Apprenticeship Started: _____

Date Apprenticeship Completed: _____

Signature of Applicant

Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Notary Public

SEAL

My Commission Expires: _____



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

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"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

Total: _____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Signature of Credit Card Holder: _____

Credit Card Type (check one): VISA MASTERCARD

Card Number: _____

Please provide the 3-digit security code number from the back of the card: _____

Expiration Date: _____