



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@commerce.state.ak.us
WEBSITE: www.commerce.state.ak.us/occ

PROCEDURES FOR OBTAINING A PERMIT TO PRACTICE AS AN APPRENTICE DIRECT-ENTRY MIDWIFE

A permit issued under 12 AAC 14.130 is required to practice as an apprentice direct-entry midwife.

GENERAL

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

1. Complete, notarized application form, including photograph. (Form 08-4228)
2. Certified true copy of current certification in Basic Life Support for Health Care Providers. (BLS)
3. Primary Preceptor Acceptance Verification. (Form 08-4228a) This form is to be signed by ONE primary preceptor who will be responsible for your Apprenticeship program.
4. Authorization for release of records. (Form 08-4228b)
5. Application fee of \$50.00.
6. Permit fee of \$50.00.

NOTE: The apprenticeship permit is valid for two years from the date issued. It is the responsibility of the apprentice to notify the division should the permit require renewal.

Written documentation of a change of primary preceptor must be submitted to the division within 30 days of any change.

IMPORTANT

As of the date this permit is issued up to the date you apply for certification, you must document all births with which you are involved. Forms for documenting these births will be mailed along with your apprentice permit.

THE PRACTICAL SKILLS LIST FOR ALASKA CDM'S must be kept by your primary preceptor and used to document your performance of practical skills. The Practical Skills List will be mailed along with your apprentice permit.

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

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 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 called before any state board or department for interrogation concerning any violation of the laws or rules pertaining to the profession for which you are applying or unethical conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied a certificate or license by, or the privilege of taking an examination before any state 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 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 currently 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. 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 submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. 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 and all forms accompanying it is true and correct.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

Notary Public

IDENTIFICATION

Notary Public for _____

My Commission Expires: _____



PLEASE CHECK AGAIN

**Notary seal must cover a portion
of the photograph.**

SEAL

WARNING

Alaska Statute 11.56.210 states that any person who knowingly, or intentionally, furnishes false or fraudulent information in a certified direct-entry midwife application has committed a class A misdemeanor. Any false or misleading information may result in failure to obtain registration or subsequent revocation of registration.

State of Alaska
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PRIMARY PRECEPTOR ACCEPTANCE VERIFICATION

Before an apprentice permit can be issued, the applicant must verify that she/he has been accepted into an apprenticeship program conducted under the supervision of a board approved preceptor (see 12 AAC 14.200). The form must be completed by the **PRIMARY PRECEPTOR ONLY**.

I, _____, have been practicing as a(n) _____
(Preceptor's Name) (Profession)

_____ for _____ year(s) and certify that _____
(Applicant)

has been accepted into an apprenticeship program under my direction. ***I understand that by signing this form, I am verifying that I am the PRIMARY preceptor for this applicant and that I am responsible for ensuring that this apprentice is taught all academic subjects outlined in 12 AAC 14.200 and given the opportunity to obtain the clinical experience required by 12 AAC 14.210. Name of academic course of study to be given or name of Midwifery School:*** _____

I further understand that I am responsible for completing and keeping the "Practical Skills List for Alaska Certified Direct-Entry Midwife's and using it to document this apprentice's performance of the practical skills required by the Board.

Signature of Preceptor

Alaska License Number _____

Daytime Phone Number _____

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for the state of _____,

this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

SEAL

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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 apprentice.

Signature: _____ Date: _____

My Date of
Birth is: _____

Home Telephone: _____ Work Telephone: _____