



STATE OF ALASKA
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

APPLICATION FOR A CERTIFIED DIRECT-ENTRY MIDWIFE ACTING AS AN APPRENTICESHIP PROGRAM PRECEPTOR

In order to obtain status as a CDM preceptor in Alaska, the following form must be completed and approved by the board. Once approved by the board, the licensee's Alaska direct-entry midwife license will indicate "approved preceptor" and renewal of the practitioner license will also renew the status as an approved preceptor.

12 AAC 14.220. APPRENTICESHIP PROGRAMS. (a) To be approved by the board, an apprenticeship program must

- (1) be for a duration of at least one year;
- (2) be conducted under the supervision of an apprenticeship program preceptor; and
- (3) provide a training program for the apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.

(b) For purposes of this section, an apprenticeship program preceptor means an individual who meets the supervisory requirements of AS 08.65.090(b).

Sec. 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (a) The board shall issue a permit to practice as an apprentice direct-entry midwife to a person who satisfies the requirements of AS 08.65.050(1)—(3) and who has been accepted into a program of education, training, and apprenticeship approved by the board under AS 08.65.030. A permit application under this section must include information the board may require. The permit is valid for a term of two years and may be renewed in accordance with regulations adopted by the board.

(b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by

- (1) a certified direct-entry midwife who has been licensed and practicing in this state for at least two years;
- (2) a certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, who is certified in this state, and who has practiced midwifery for the last two years;
- (3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship; or
- (4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.

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APPLICATION FOR APPRENTICE DIRECT-ENTRY MIDWIFE PRECEPTOR

PLEASE TYPE OR PRINT INFORMATION:

Preceptor's Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Daytime Telephone Number: _____ Date of Birth: _____

Location of Practice: _____
City State

List all states where you hold or have ever held licenses to practice any healthcare profession.

Profession	State	License Number	1 st Issue Date	Expiration Date

Number of Years in Practice: _____

Number of deliveries for which you had primary responsibility in the last two years: _____

1. Please provide a detailed history of your midwifery practice during the last two years: _____

2. Name of academic course of study: _____

Please describe the "academic" portion of the apprentice program that you will oversee: _____

3. Please describe the "clinical" portion of the apprentice program that you will oversee: _____

Signature

Date

PLEASE SUBMIT YOUR RESUME ALONG WITH THIS APPLICATION

If you have not been licensed and practicing in Alaska for at least two years, you must have the attached verification of licensure form completed by a state where you held licensure for at least two years and where you have practiced midwifery for the past two years.

LICENSE HISTORY

1. Has the applicant's license ever been suspended or revoked? _____ If so, please describe in # 4 below.
2. Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? _____ If so, please describe in # 4 below.
3. Please provide any information you believe relevant to the applicant's qualifications and fitness to practice midwifery:

4. General Comments: _____

SEAL

Signed: _____

Printed Name: _____

Title: _____

State Board: _____

Date: _____

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
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Juneau, AK 99811-0806