

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY,  
AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS  
AND PROFESSIONAL LICENSING

**BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES**

550 West 7<sup>th</sup> Ave  
Atwood Building Room 1860  
Anchorage, AK

September 8-9, 2011

**These DRAFT minutes were prepared by the staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the board.**

By authority of AS 08.065.020 and in compliance with the provision of AS 44.62, Article 6, a scheduled meeting of the Board of Certified Direct-Entry Midwives was held September 8-9, 2011 in the Atwood Building, 550 West 7<sup>th</sup> Ave Suite 1860 Anchorage, AK

**September 8, 2011**

**Agenda Item 1      Call to Order**

Meeting was called to order by Holly Steiner, CDM Chair on September 8, 2011 at 9:10 a.m. This meeting was public noticed in the Anchorage Daily News on July 15, 2011.

Present, constituting a quorum of the board were:

Holly Steiner, CDM, Chair, Wasilla  
Cheryl Corrick, CDM, Secretary, Fairbanks  
Barbara Norton, ANP, CNM, Anchorage  
Mary 'Jennie' Grimwood, Public Member, Cordova

Approved Absence - Peggy Downing, MD, Wasilla

Present from the Division of Corporations, Business & Professional Licensing:

Connie Petz, Licensing Examiner  
Jo Anna Williamson, Investigator  
Susan Winton, Investigator

Public Members on September 8, 2011:

Lena Kilic	Onica Sprokkreeff	Deborah Schneider	Susan Terwilliger
Stella Lyn	Kirsten Gerrish	Laura Gore	Autumn Loken
Vanessa Dunham	Kathryn Adams	Shine Herfindahl	Shauna Tieszen
Sherri Holley			

Public Members on September 9, 2011:

Deborah Schneider   Amanda Rothbarth   Sherri Holley

**Agenda Item 2      Review / Agenda**

**On a motion made by Barbara Norton, seconded by Jennie Grimwood it was RESOLVED TO APPROVE the AGENDA. All in favor, carried unanimously.**

No discussion.

**Agenda Item 3      Review / Approve Minutes**

February 17-18, 2011 minutes reviewed by board.

Holly asked that all the questions she asked the attorney under agenda item #7 be included in the minutes for the February 17-18, 2011 board meeting. She does not agree with his interpretation or decision and she wants this in the minutes.

**On a motion made by Barbara Norton, seconded by Cheryl Corrick; DO NOT APPROVE THE MINUTES, AMEND THE MINUTES to reflect Holly Steiner's comments to the attorney and review them at the next board meeting. All in favor, carried unanimously.**

No discussion.

March 22, 2011 teleconference minutes reviewed by board.

**On a motion made by Cheryl Corrick, seconded by Barbara Norton, it was RESOLVED TO APPROVE the March 22, 2011 MINUTES as written. All in favor, carried unanimously.**

No discussion.

**Agenda Item 4      Ethics Reporting**

No ethics to report by Holly Steiner, Cheryl Corrick or Jeannie Grimwood,

Barbara Norton reported a midwife approached her to discuss something about a case. Once she realized the subject matter, as it would be a conflict of Barbara's board position Barbara stopped further conversation with her.

No ethics violations to report by staff.

**Agenda Item 5      Investigative Report**

Investigator's Jo Anna Williamson and Susan Winton attended the meeting. Since the August 24, 2011 investigative report was provided to staff for the board packet, Case # 3400-08-001 had been closed by Susan Winton.

The Board of Certified Direct-Entry Midwives had nine open complaints and/or cases and two case closures since the last Board meeting.

**OPEN COMPLAINTS/CASES:**

<b>Number:</b>	<b>Alleged Violation:</b>	<b>Status:</b>
2010-000966	Standard of Care	Ongoing
2011-000479	Violating of Licensing Reg.	Ongoing
2011-000576	Standard of Care	Ongoing
2011-000161	Negligence	Consent Agreement
2011-000766	Unlicensed Practice	Ongoing
2011-000767	Violating Licensing Reg.	Ongoing
2011-000769	Violating Licensing Reg.	Ongoing
2011-000770	Violating Licensing Reg.	Ongoing
2011-000771	Violating Licensing Reg.	Ongoing

**CLOSED:**

<b>Number:</b>	<b>Alleged Violation:</b>	<b>Closure Status:</b>
3400-08-001	Violating Prof. Ethics	Case closed as Non-Disciplinary letter of advisement.

A Non-Disciplinary letter of advisement is a warning letter advising a future violation could result in a disciplinary action.

2011-000159	Standard of Care	No Action – No Violation
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Investigator Susan Winton shared with the board that there is another way to handle violations. The board could consider implementation of the 'Imposition of Civil Fine' without censure or reprimand. There are benefits for licensees, boards and the Division. It gives the board an intermediary level of discipline. The board is then not just doing 'nothing' which could be conceived by the public that the board is not upholding their role to protect the public versus the least severe action which is now a Consent Agreement with a fine and reprimand. This imposition of civil fine is not used in patient care component cases. This fine would be used in relation to incidents such as paperwork error, failure to report, delayed reporting or similar items like these.

When the 'Imposition of Civil Fine' without censure or reprimand is used, then the board is taking action on a licensing violation, upholding the law and enforcing the law when the licensee is not in compliance.

For the licensee it provides a simpler resolution to a violation. The benefit for a case with this sort of action is it does not require the licensee to be reported to the national practitioner data bank. This is very important to health care practitioners because once a violation is reported to the NPDB the impact of a violation can have extensive consequences.

Implementation of 'Imposition of Civil Fine' provides tools for both the board and the licensees. It will reduce overall expenses to the board with speedier resolution. Investigator Winton stressed to the board that this option could only be applied to cases which were not related to patient care. Also, this is not an option that can be retroactively applied; meaning any licensee who had a case recently closed with other action would not have the option to have the 'Imposition of Civil Fine' applied.

If the board chooses to start imposing this 'Imposition of Civil Fine' without censure or reprimand the board needs to be consistent. The board can set a schedule of fines to identify the cost for each type of violation. The board has total control over their fines as long as they are being statutorily consistent with what they have done in the past.

Susan said the medical board and some other boards have been using this option and have had very successful results. This tool is for the ninety five percent of violators who will heed this fine as a very serious infraction. In the event a licensee is a 'repeat offender' then a consent agreement would take into account that they have already been given the lowest possible discipline.

If the board would like to consider 'Imposition of Civil Fine' it only applies to:

- Cases not related to patient care.
- It is not required to be reported to the national practitioner data bank.
- It is not retroactive, only from this point forward.

**On a motion made by Cheryl Corrick, seconded by Barbara Norton, it was RESOLVED TO APPROVE the 'IMPOSITION OF CIVIL FINE' FOR THE BOARD. All in favor, carried unanimously.**

**This motion which is approved today, September 8, 2011 and is not retroactive, the IMPOSITION OF CIVIL FINE is effective from this date, September 8, 2011 and forward. It is not available to any cases related to patient care.**

No further discussion.

Jo Anna advised the board to consider entering Executive Session to discuss the consent agreement for case # 2011-000161.

The board had one consent agreement to review.

**Holly Steiner, as chair of the Alaska Board of Certified Direct-Entry Midwives, call for a motion to enter executive session to discuss the application in accordance with: AS 44.62.310(c)(2) and (3) and the Alaska Constitutional Right to Privacy Provisions, for the purpose of discussion of consent agreement # 2011-000161.**

**Cheryl Corrick made a motion to enter executive session for the purpose of discussing the consent agreement # 2011-000161, seconded by Barbara Norton.**

**ROLL CALL VOTE:**

- Holly Steiner, R.N., CDM, Chair
- Cheryl Corrick, CDM, Secretary
- Mary 'Jennie' Grimwood, Public Member
- Barbara Norton, C.N.M, ANP

**On a motion made by Cheryl Corrick, seconded by Barbara Norton, it was RESOLVED TO enter Executive Session in accordance with AS 44.62.310(c) to discuss case # 2011-000161. All in favor, carried unanimously.**

**Holly Steiner, the Alaska Board of Certified Direct Entry Midwives is RESOLVED to enter executive session in accordance with AS 44.62.310(c) (2) subjects that tend**

**to prejudice the reputation and character of any person, provided the person may request a public discussion; and (3) matters which by law, municipal charter, or ordinance are required to be confidential, and the Alaska Constitutional Right to Privacy Provisions, for the purpose of discussion of case # 2011-000161.**

**Board members and staff to remain in the room and any public members to step out of the room.**

**Enter Executive Session OFF record 9:46 a.m.**

**Out of executive session back ON record 10:22 a.m.**

Holly Steiner stated, the Board has reviewed consent agreement case # 2011-000161 and called for a motion on case # 2011-000161; per AS 08.01.075 Disciplinary powers of board; AS 08.65.110(5) and 12 AAC 14.530(a)(1)(10)

**On a motion made by Barbara Norton, seconded by Jennie Grimwood, it was RESOLVED TO ADOPT the Consent Agreement and Proposed Decision and Order on case # 2011-000161. All in favor, carried unanimously.**

**The BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order, case # 2011-000161, Jessica Sawyer license number MID M 49, adopted the Consent Agreement and Proposed Decision and Order in this matter.**

Board was behind schedule and amended the agenda by deviating to Agenda Item 7.

**Agenda Item 7      Old Business – Task follow up**

Lymus Capehart of the US Dept of Labor Apprenticeship Program updated the Board with the research he has completed in the potential development of a nationwide midwifery apprentice program.

In order to establish an occupation in the national apprenticeship program and to be presented to the nation as an apprentice occupation there is extensive research required. Mr. Capehart had to locate the established work processes for this occupation. The occupation itself can be reviewed on the O-net [www.onetonline.org](http://www.onetonline.org) by typing in the word midwifery. He found Nurse Midwives and Midwives.

In order to meet the minimum requirement and to be eligible to establish an apprenticeship program with the US Dept of Labor the level of work in a profession needs to be rated with a code of Specific Vocational Preparation (SPV) 6 or above. Midwives only have a SPV 1 code. Nurse midwives have an established SPV code of an 8. The SPV is defined as the amount of lapsed time required by a typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in specific job-worker situation.

Mr. Capehart said at this time the required minimum of the SPV code of a 6, Midwifery is a 1. Therefore, at this time it is not possible to develop an apprenticeship program on a national level.

How can the midwifery profession get a higher rating? Mr. Capehart suggested the national organization (NARM) could request an occupational analysis of the profession as a whole by requesting a nationwide query but they should exclude nurse midwives from the national registry.

He reminded the board that an apprentice program in Alaska would be a big shift in mindset. At this time, the current Alaska process is the apprentice pays the employer (preceptor) while training in midwifery. If an apprentice is under the US Dept of Labor program, the employer (preceptor) would pay the apprentice while in training. Both work processes' and a pay scale are two areas that would need to be established.

The board could contact NARM to see if they would request an analysis of the midwifery profession on a nationwide level. NARM would need to query the midwifery population (excluding nurse midwives) in the national registry. If the national organization seeks to have the midwifery occupation analyzed (surveyed) to determine the work processes and to establish a threshold for the level of work required within the industry. There needs to be a baseline from which to develop the apprentice midwifery program.

**Deviated back to Agenda Item 6 FY11 Annual Report and Budget Report**

The board reviewed FY11 annual report. Staff advised the annual report was completed and submitted on time thanks to Cheryl Corrick. Next sunset for the board is June 30, 2015.

The board discussed the legislative process according to the format of the form titled 'recommendations for proposed legislation'. This is a tool for the board and the questions can be used by the board to plan for legislative change in statutes. Each individual statute change should have a recommendation page.

Staff advised FY11 annual reports can be viewed on the Division of Corporations, Business and Professional Licensing website under the link annual reports.  
[http://www.commerce.state.ak.us/occ/annual\\_reports\\_2011/](http://www.commerce.state.ak.us/occ/annual_reports_2011/)

The board reviewed the budget and staff explained that although Certified Direct-Entry Midwives licenses renewed for January 1, 2011 to December 31, 2012 the midwifery program only has \$5321 left in the budget until the next renewal. This does not include the cost for the current board meeting. There is potential for license fees to double or even more than double at the next renewal. One way to immediately reduce expenses is to hold the February 2012 board meeting in Anchorage instead of Juneau as only three board members would travel versus five. All board members agreed to hold the next board meeting in Anchorage.

**Agenda Item 8 Peer Review Audit**

The board reviewed the Peer Review reports for April 1, 2010 to March 31, 2011. Staff explained that one midwife, who renewed her CDM license after December 31, 2010 and after the date the peer review letter was sent to all licensees did not get a letter advising her to submit for peer review. Staff sent the late renewal applicant a letter August 26, 2011 and hopefully this licensee will submit the required forms to peer review now. Staff procedures for peer review letters were updated for late renewal applicants.

The board discussed the peer review recap letter and the reported circumstances of some midwives who did not comply with peer review.

Katherine Adams MID license #55 attended the meeting and spoke to the board. Ms. Adams told the board that all the staff of the birth center was released by the employer/owner of One Family Birth Center. The statistical charts were withheld by the employer for unknown reasons and Ms. Adams was unable to retrieve documentation to complete her peer review. Ms. Adams and the chair of peer review both sent letters to the owner requesting the statistics. Both were denied access to the records.

Ms. Adams wanted the board to know that she had not completed her peer review because she cannot access the records and she has made every attempt to secure the records. In addition, Ms. Adams said she has tried to recreate the records but it was done from memory and it is not possible to be accurate. She also said she has since found out that the statistics should not be parts of the charts. She is asking the board if there is any support for her in this situation.

Peer review cannot be completed by either Katherine Adams or LeShine Herfindahl due to the inability to secure the statistics of their birth summaries. Vanessa Dunham wrote letters to both Ms. Adams and Ms. Herfindahl directing them both to the peer review requirements.

Investigator JoAnna Williamson was asked to return to the meeting and staff explained the circumstances of the inability of two midwives to get access to their birth summaries from their past employer. Ms. Williamson was asked if there was anything the board should do to request the release of the birth summaries to the board. Ms. Williamson will work with Ms. Adams to find out the details. She will try to work with both the business owner and peer review committee to see if she can get the information released.

Staff explained to the board that certain types of business licenses require a professional license and generally would not be issued without having a professional license. A birth center would be required to have a connection to a professional license (CDM, MD or CNM) in order to have a business license. If the owner of the business, One Family Birth Center does not hold a qualifying professional license then whose license does the owner have on the business license in order to qualify for a birth center license?

The board determined they would table discussion of Ms. Adams and Ms. Herfindahl for peer review compliance until the next board meeting. Both Holly and Barb wanted to excuse Ms. Adams for submission of records. Instead, they gave Ms. Adams until the next board meeting to become compliant. There was no verbal statement from Ms. Herfindahl during the meeting.

Holly asked staff if the board should have handled the peer review issue instead of forwarding it to the investigation unit. Staff explained that the process of peer review and the peer review agreement which includes 12 AAC 14.900(d) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110(6). Therefore, this is non-compliance of peer review and it was forwarded to investigations per direction from her supervisor. The board accepted why peer review was sent to investigations and the board agreed it needs to allow the investigative process to work.

TASK: Staff was asked to follow up with business licensing to see whose professional license is attached to the One Family Birth Center.

The board reviewed all of the completed peer review summaries.

**On a motion made by Cheryl Corrick, seconded by Barbara Norton, it was RESOLVED TO APPROVE the completed PEER REVIEW, except those noted by peer review as not complete. All in favor, carried unanimously.**

Ms. Adams asked the board what the process would be in the event this sort of incident would ever happen again. Staff suggested that all licensees keep copies of all their birth statistics, just like they keep copies of their CE's so they will have the records they need to complete peer review reporting.

Jennie said that it seems like a business owner would be required to assist their employees to be in compliance for their professional license.

TASK: Staff was asked to find out the rules for birth centers with facilities and licensing.

**LUNCH - OFF record at 11:53 a.m. Back on record at 1:06 p.m.**

All board members and staff returned to the meeting.

**Agenda Item 9      Public Comment**

No public commented during the allocated public comment time.

**Agenda Item 10      Regulation Project**

Part II of the recent regulation project became effective August 10, 2011 and the new statutes and regulations are now on the website and in the current board packets.

The board held discussion for future regulation projects.

- 1) The board would like stronger regulations for criminal violations and began discussion for the **establishment of disciplinary guidelines** by considering the way the statutes and regulations are outlined in Alaska law for nursing guidelines. Specifically, 12 AAC 44.700-710 and the board would like to include reference to the barrier crimes matrix and reflect authority for AS 08.65.110 and AS 08.65.120.

The board began with nursing regulation - 12 AAC 44.700 PURPOSE OF DISCIPLINARY GUIDELINES and would adapt it to read:

12 AAC 14.??? (number (???) to be assigned) PURPOSE OF DISCIPLINARY GUIDELINES. To ensure that the board's disciplinary policies are known and are administered consistently and fairly, the disciplinary guideline in 12 AAC 14.??? – 12 AAC 14.??? are established. Authority: AS 08.65.050, AS 08.65.110, AS 08.65.120

12 AAC 14.??? GROUNDS FOR IMPOSING DISCIPLINARY SANCTIONS AND DENIAL OF A LICENSE FOR CRIMINAL HISTORY. (a) As used in AS 08.65.050, AS 08.65.110, AS 08.65.120, and this chapter, crimes that are substantially related to the qualifications, functions, or duties of a certified direct-entry midwife, apprentice direct-entry midwife or applicant for certified direct-entry midwife or applicant for apprentice direct-entry midwife include

- (1) murder;
- (2) manslaughter;
- (3) criminally negligent homicide;
- (4) assault;
- (5) sexual assault;
- (6) sexual abuse of a minor;
- (7) unlawful exploitation of a minor, including possession or distribution of child pornography;
- (8) incest;
- (9) indecent exposure;
- (10) robbery;
- (11) extortion;
- (12) stalking;
- (13) kidnapping;
- (14) theft;
- (15) burglary;
- (16) forgery;
- (17) endangering the welfare of a child;
- (18) endangering the welfare of a vulnerable adult;
- (19) unlawful distribution or possession for distribution of a controlled substance; for purposes of this paragraph, "controlled substance" has the meaning given in AS 11.71.900
- (20) reckless endangerment.
- (21) Those listed as permanent barrier crimes in the barrier crimes matrix listed in 7 AAC 10.905

(b) Convictions of an offense in another jurisdiction with elements similar to an offense listed in (a) of this section are substantially related to the qualifications, functions, or duties of a certified direct-entry midwife or apprentice direct-entry midwife or applicant for certified direct-entry midwife or applicant for apprentice direct-entry midwife.

(c) Nothing in the guidelines set out in 12 AAC 14 ??? prohibits the board from issuing a certified direct-entry midwife license or apprentice direct-entry midwife permit except for a permanent barrier crime according to 12 AAC 14.??? (21). Authority: AS 08.65.050, AS 08.65.110, AS 08.65.120

12 AAC 14.???. VIOLATIONS. (a) A certified direct-entry midwife or apprentice direct-entry midwife, who after a hearing under the Administrative Procedure Act (AS 44.62), is found to have violated a provision of AS 08.65 or 12 AAC 14, is subject to the disciplinary penalties listed in AS 08.65.110, AS 08.65.120, including public notice of the violation and penalty in appropriate publications.

(b) Nothing in the guidelines set out in 12 AAC 44.720 prohibits the board from imposing greater or lesser penalties than those described in 12 AAC 44.720 or restricting the practice of a certified direct-entry midwife or apprentice direct-entry midwife depending upon the circumstances of a particular case. Authority: AS 08.65.050, AS 08.65.110, AS 08.65.120

In the interest of public safety and to ensure the certified direct-entry midwives provide the highest standard of care the board has developed this regulation so the board has

the option to deny a permit or a license to an individual with a history of criminal background.

TASK - Staff to ask the investigator if the board can stop here and not continue defining beyond this point (meaning using existing Nursing guidelines as a model from 12 AAC 44.700 to 12 AAC 44.710) in outlining the disciplinary guidelines for this board.

2) **The board continued discussion on how to improve on the 12 AAC 14.470 reinstatement of a lapsed certificate.**

Staff advised the reinstatement regulation does not direct the applicant to request verification of license from any jurisdictions which the applicant may be practicing or any other active license held while not licensed in the state of AK.

Current regulation for Certification by credentials, 12 AAC 14.120 (5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; at least one verification must indicate a current license in good standing; the verification must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked.

The board would like to consider similar language and require the applicant for reinstatement of lapsed certificate to provide verification of licensure from all prior jurisdictions at the time they apply to reinstate their license. This would be inserted between regulation 12 AAC 14.470 (b)3 and (b)4.

Future Regulation add to **Reinstatement of a lapsed certificate 12 AAC 14.470 and insert below 12 AAC 14.470 (b) (3) Verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; the verification must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked.**

The board also discussed that an applicant who does not hold a current active license does not qualify to apply by credentials and then is required to apply for license by exam and meet all those requirements. This is another area that the board may want to develop with a future regulation change. This is not defined clearly in the regulations, the board recognizes that they may be a CPM but our statute does not allow licensure by CPM and that is a statutory change.

The board held discussion about developing some type of an interim permit for an applicant for reinstatement. The board determined a lapsed license holder is an experienced midwife who has held a certified direct-entry license in the past so they should not be considered or viewed as an apprentice.

The board has determined that if the applicant for reinstatement is re-entering the profession within the lapsed certificate period they do not need a permit. If the applicant is working towards either 12 AAC 14.470 (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.

The question is what is a supervised delivery?

Holly said that she does not feel there is a problem or any reason to have a permit because a supervised delivery means that they are not primarily responsible at that birth because they are being supervised. Therefore the public is not at risk.

Staff asked Holly, are they not delivering the baby. Holly said delivering the baby does not mean you are primarily responsible. Even when an apprentice is delivering a baby, she is not primarily responsible, her preceptor is.

Cheryl said under definition 12 AAC 14.990 "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. Cheryl pointed out it means you have to be in the same room you are supervising them but it does say apprentice or other supervised person. This can definitely fall under other supervised person.

Barbara said the problem with this issue is there are people who are lapsed and they have done nothing in midwifery, that's one issue. Then there are people who are lapsed and are still practicing. These are two very separate issues, so you need an interim permit.

Holly asked Barbara if she meant lapsed and still practicing illegally or lapsed (in Alaska) but practicing in another state. Barbara said it could be either scenario. The board had a prior applicant for reinstatement who was not allowed to count her births because there was no permit in place and she was practicing in Alaska without a license.

Staff explained that department staff Sara Chambers, program coordinator and Sher Zinn, licensing supervisor reviewed regulation 12 AAC 14.470. There was no regulatory authority to require a permit for a reinstatement application. This is why the current reinstatement applicant was not required to have a permit. If the board wants to require a reinstatement applicant to have a permit then the board has to write a regulation.

The question remains, does a reinstatement applicant need a lapsed permit? Holly said no, she does not think they need a permit. That the fact the applicant also needs to have massive amounts of continuing education is getting the applicant refreshed in their field.

Staff also asked the board to define what completion of a supervised delivery means. Holly said "a supervisor is a midwife with a valid Alaska CDM license, is in the room and is taking primary responsibility". Cheryl added, "and the supervisor has direct observation and evaluation, so they (the supervisor) is evaluating and observing". The board determined the completion of a supervised delivery is the delivery of the baby while being supervised.

Staff asked "If they (the supervisor) are watching the person deliver the baby?" Cheryl said "yes and they (the supervisor) is ready to take over if they need too".

Holly said "the difficulty is that anyone can come along and not read the definition in the back of the statutes and regulations so they don't understand what supervised means". Holly is concerned someone is incriminated because they do not know that a supervised delivery has to be under a preceptor or other qualifying supervised person.

Barbara said "They are practicing without a license, catching babies". Holly said "They are not, if they are supervised, the supervisor has the license".

Staff read statute 08.65.150 Prohibited practices. Except as provided in AS 08.65.170 a person who is not certified under this chapter as a direct-entry midwife may not practice midwifery for compensation.

Discussion was held that if a person is not charging a fee and they are under the supervision of someone else, the person they are under is the person responsible.

Barbara said there is no formal process, no accountability as to who the preceptor is during the process while the lapsed permit holder is getting their experience.

Holly said "the accountability is in when they apply for their license again and the board gets to look at the documents for the 10 births and who signs off on them and sees who the supervisor was who signs off on their skills".

Barbara said in nursing you might have to take your boards again if you took a certain amount of time off. She asked what other professions do if they (the professional) take a certain amount of time off from their practice.

Staff said that she has another board which passed a regulation to allow an internship but they must be approved prior to beginning the internship and they are under constant supervision. If the board would define the requirements within the regulation it will clarify what someone needs to do in advance to reinstate their license.

The board said the definition of preceptor is already defined in regulation.

The board continued to discuss if they wanted to make a regulation which would require a permit in order to count the births for someone applying to reinstate their license. In the end, the board determined they do not want to regulate this. They do not want to require an applicant for reinstatement to have a permit in order to complete the required births while under the supervision of a licensed midwife or a qualifying preceptor. The applicant for reinstatement has already been a practicing midwife who held a license and therefore is not an apprentice, they are re-entering their profession within the stated guidelines of the lapsed certificate period and time frame of 2 to 5 years.

Discussion continued as to what completion of a supervised delivery meant. Staff asked the board to define what 'delivery' was and the board stated they have already held this discussion and they do not want to define delivery.

Staff asked if the board then would go with the standard Webster definition of the delivery of a baby.

Holly said "It does not imply that you are primarily responsible", and feels this is very important. Staff asked if in this case, does 'the completion of' supervised delivery mean they (the reinstatement applicant) completed the delivery. Cheryl said "yes, in this case it does mean that they actually catch the baby, they are primary here and it says completion of, they catch the baby, those 10".

Holly said "it does not say that, it just says 10 supervised deliveries". Staff read the regulation where it says "documents completion of", "at least 10 supervised deliveries". Holly said "yes, but what she means is there is a difference between a primary and who is primarily responsible for that birth". Staff asked "what does that mean?"

Holly said "the board has used the terminology primary for apprentices who are getting their numbers, they can get their observes, their assists and their primaries. It does not mean they are primarily responsible for the birth of the baby and the mom. Their preceptor is primarily responsible".

Barbara asked "if the ones that are qualified are the primary hands on birth, the ones you have to do here for the 10 births". Cheryl said "yes". Holly said "what they are saying here is if it says delivery, then you are getting 10 primaries". Barbara asked "10 primaries, not assisted, these are primary". Cheryl said "yes". Holly said "yes but you are supervised and they are supervised primaries".

Staff asked if 12 AAC 14.470 (6) documents completion of (B) at least 10 supervised deliveries, "is it or is it not that they are delivering the baby". Holly said "they are delivering the baby".

Staff explained she got lost when the board members kept saying "primary" and "primary" and "primary" as the conversation kept going back and forth between what was a primary delivery. Holly said it was because in the past staff was implying they are primarily responsible and they are not primarily responsible.

Barbara said "What Holly means is that your hands are on and you are catching the baby but ultimately it's the midwife who is behind you, in the room with you, who is primarily responsible. But you are really doing the actual birth".

Staff asked, "but in this case, they are the primary, they delivered the baby" and Barbara confirmed.

Staff asked if the board wanted to look at anything else on the reinstatement regulation, to be improved upon for clarity. None at this time.

### **3) regulation change for word Rhogam**

The Board wants to change the word Rhogam to - Rh immune-globulin in regulation 12 AAC 14.570 (4) because the word rhogam is actually a brand name and it may no longer be available.

**The regulation should now read: 12 AAC 14.570 (4) Rh immune-globulin, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;**

The board was ahead of schedule so moved to agenda item 12.

**Agenda Item 12      Correspondence**

- Medicaid – Non-reimbursement for apprentices

As a follow up to the February board meeting there was discussion about Medicaid billing. The board had been coached that they could not bill Medicaid for births which involved an apprentice. Because of this question for Medicaid – non-reimbursement for apprentices, staff contacted the Department of Health and Social Services for clarity on Medicaid Billing.

The correspondence received stated 7 AAC 110.180 does not directly prohibit an enrolled direct-entry midwife from submitting a claim to Medicaid for services the enrolled direct-entry midwife personally supervised and for which the enrolled provider is taking full responsibility. This is similar to a physician submitting a claim to Medicaid for an office visit which included, in part, some services physically rendered by a nurse, medical assistant, or medical school student.

The board was appreciative for clarification on the Medicaid billing topic.

Recess Meeting - Time Off Record 3:30 p.m.

Board to reconvene on Friday September 9, 2011 at 9:00 a.m.

Friday - September 9, 2011

Holly called the meeting to order at 9:05 a.m. on September 9, 2011.

Roll Call - members present:

Holly Steiner, CDM, Chair, Wasilla  
Cheryl Corrick, CDM, Secretary, Fairbanks  
Barbara Norton, ANP, CNM, Anchorage  
Mary 'Jennie' Grimwood, Public Member, Cordova

Peggy Downing, MD, Wasilla approved absence

Staff: Connie Petz

**Agenda Item 12      Correspondence (continued)**

In continuation of prior day application for reinstatement discussion Barbara drafted a 'letter of intent' which she shared with the board. She brought up the topic of the status of someone who has let their license lapse and they are now out there in the state and they are catching babies. The board determined they did not have the regulatory authority to require an applicant for reinstatement to have an apprentice permit. Barbara said she thought it makes sense that there should be some sort of a notification for public protection. If the public wants to

complain about someone, who is this person, does the board even know they are out there? Barbara thought a letter of intent is what a person could file with the board when they start to practice again. It could state their name, who their primary preceptor will be, where they are catching babies, period of time etc... At least they would be filing with the state that they are out there doing this. She thought there has to be some sort of format for people to report they are birthing babies. Cheryl asked how the board would enforce it.

Staff said this would require a new regulation. Barbara thought a letter of intent would be a simple regulation to create and it could cover this issue. Considering the board knew when they required the prior reinstatement applicant to have an apprentice permit and that it was not defined in a regulation but the board felt there must be some way to monitor this period of time. Barbara thought a letter of intent would at least tell the board that they are in the process of gaining reinstatement and then the board can monitor it.

Staff wanted the board to know that the current request for reinstatement has caused extensive division staff time. Staff encouraged the board to define the process for any future applications for reinstatement of a lapsed license.

One of the reasons a person may let their license lapse is because the license fee is high. Staff told the board that in other licensing groups the reinstatement application requires fees for the entire lapsed license period. Reinstatement applications take much more time to relicense as there is so much more involved. Perhaps if the licensee knew they would have to pay all the license fees anyhow they may keep their license active and avoid the lapsed license altogether.

Barbara said the board needs to address this in some way. Otherwise people who have not practiced but don't know if they are going to continue will not have a way to make a decision. She suggested perhaps an inactive license.

Barbara volunteered to research what other boards do to allow a license holder to have an inactive license and what this board could do to allow a CDM who wants to take some time off to have a simpler means of returning to the practice of midwifery.

TASK: Barbara will provide the information for her project for inactive status in advance of the next board meeting so it can be placed in the board packet.

### **Agenda Item 13      Review application/instructions**

Holly wanted staff to know of an error on the correspondence to the reinstatement applicant. It was not a statute that required an apprentice to have a permit it was a regulation 12 AAC 14.130 (a). Prior to that regulation being created it was optional for an apprentice to have a permit. The apprentice permit was developed so the board could keep track of the apprentices.

### **The board reviewed the reinstatement application submitted by Ms. Crossett.**

Holly reviewed and approved the open book self-study program on Alaska State Law for 2 credit hours of Continuing Education.

Barbara approved continuing education; Ms. Crossett met the rest of the required combined 40 CE's in Pharmacology, self-study and in-person continuing education.

Jennie and Cheryl reviewed the supervised clinical experience forms and Cheryl asked "if the 10 supervised deliveries did not have to be primary". Cheryl said "the applicant submitted births which are not all primary and it says at least 10 supervised deliveries in the year immediately preceding the application for reinstatement".

Holly said "yesterday the board talked about this and the deliveries need to be primary. Seven of the 10 births reported were in the hospital. Holly said "you can't count births in the hospital for reinstating your license".

Staff reminded the board that the regulation says 'documents completion of'. The applicant had been counseled by another midwife and had also provided a letter written by Kaye Kanne on her behalf. She wanted the board to read the letter when they reviewed her application.

Cheryl read the regulation definition "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". Cheryl asked "how are you observing her technical skills in the hospital? Whether or not she has to be primary, she is in the hospital and she is not doing any technical skills".

Staff wanted the board to know that initially the applicant stated she had 2 primaries but then only submitted one on her application. The board may want to ask her about this when they call her.

The board members read the letter submitted by Kaye Kanne and on behalf of Ms. Crossett's request. Holly thought Kaye had a good point as to how the applicant could not get primaries. Barbara identified she was working on her own; this is another problem with this system.

Regulation 12 AAC 14.440 says 'certify having assisted with or been primarily responsible for 10 deliveries'.

Barbara asked, "What is the intent of the board"? Shouldn't the board want people to have their hands on the babies, actually touching them and getting their skills? The intent should be they are catching babies not just watching babies be born".

The board believes the language in 12 AAC 14.470 (6) (A) and (B) conflict and make no sense or (B) is too vague. Cheryl falls back on definition of supervised.

Barbara asked "what is the intent of the board, shouldn't the board want people to have their hands on the babies, not just watching babies but actually catching babies". Cheryl said, "not observes, but they should just at least be assisting, the preceptor or supervisor is evaluating their skills".

Cheryl said "the word delivery says that's what the board expected. That's the intent it says deliver, 10 deliveries".

On the application of the reported births, 7 are in the hospital and 3 are home births. Of the 10, only 1 is primary. Staff advised the board that what ever they decide on this file will set a precedent and she asked the board to be very specific.

Jennie asked if the board needs to define what assists and observes are.

Holly said "that just for a midwife to renew her license the only requirement is having 10, having assisted with or been primarily responsible for. Therefore, I think the whole point of (B) is just that they do the 10 deliveries in the past year".

Cheryl said "her interpretation of the intent of (B) is that they do at least ten supervised deliveries because they are not doing (A), so it's more than just assists".

Staff said her understanding is they are either going to complete (A) or they are going to complete (B).

Barbara said "I have to do 10 babies a year to keep hospital privileges or I would lose them. This means I am doing them and not just watching, I have to do it".

Holly said "if the board is going to change it then they have to change it in all the areas". Cheryl said " I don't think so because the other one does say assist or primary. This one (B) does not".

Holly asked "if what Barbara is saying is that we should get primaries". Barbara said "if someone is coming back into the field wouldn't you feel safer knowing she has actually caught babies, not just watched".

Cheryl said "not that midwives who have current licenses have to do all primaries, we are not going to change that". Holly said "a current midwife could be a midwife for 20 years and never catch a baby".

Staff read a portion of 12 AAC 14.120 (9) "an applicant for midwifery by credentials is required to document the applicant was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife".

Cheryl thought this wording could be considered to clarify 12 AAC 14.470 (6) "documents completion of" at least 10 supervised deliveries. A good balance for a reinstatement would be to require 5 primary and 5 assists. The rest of the board thought this could be considered for a future regulation project.

The board could not come to agreement on what would qualify as a supervised delivery for reinstatement so they decided to find out if the reported births were assists or observes.

The board decided to call the preceptors for Ms. Crossett. Board member Cheryl Corrick spoke to preceptor Debbie Ann Gillespie on speaker phone and asked her what role Johanna provided during the reported births.

Ms. Gillespie explained midwives do not have hospital privileges' and they could not officially assist in the births. Ms. Gillespie did want the board to know that she thought Johanna has not lost her skills and that she would back her 100% for reinstatement of her license.

After the phone call ended, Cheryl said "she clearly was not primary".

Staff reminded the board that Sandra Weeks completed all her births as primaries. Barbara and Cheryl both said most people do all theirs as primaries.

Staff asked if it is not a primary birth, then who is 'supervising the delivery', is she (the applicant) supervising the delivery or is she (the applicant) being supervised while doing the delivery?

Staff told the board that Ms. Crossett had been told she had the option to complete (A) 20 assists if she could not complete (B) 10 supervised deliveries. This was based on the division interpretation that when the regulation does not define a word, in this case delivery, then the dictionary definition would be used. The word delivery is the birth of a baby. The regulation states supervised, someone observing their technical skills during the delivery.

Barbara Norton said Ms. Gillespie clarified that Ms. Crossett observed at the births in the hospital. In her opinion, she did not meet the criteria of the 10 births of the profession. She is just trying to get numbers and not following the intent of the regulation meaning you need to be responsible, you need to get your hands back in it in order to be competent to get your license back after 3 years of no practice. Barbara said she would give her 3 (births) and tell her to get 7 more in a real midwifery setting. Barbara also said she is ok with the assists but she needs more than the 7 observes in the hospital.

Staff asked the board to explain their interpretation of a supervised delivery for the record. Holly said "delivery begins when labor begins".

The board discussed they have not defined assist or primary. This is an area of the regulations that need to be clarified.

The board looked at wording in licensure by credentials 12 AAC 14.120 (9) which clarifies the applicant "was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife". The board thought that this could be a good way to directly identify how the board would define what the 10 supervised deliveries in 12 months preceding the date of application in the reinstatement regulation 12 AAC 14.470 (B). They will think about it for a future regulation project.

The board decided that had Ms. Crossett not turned in the correspondence from Ms. Kanne with her application, they would not even be questioning the births as primary or assists; regardless she needs to have met the 10 birth requirements. The board was willing to say that some births can count but not the observes in the hospital.

Board, member Holly Steiner called Johanna and she was on speaker phone. They board asked her about the experience in the hospital. They wanted to

understand why Ms. Crossett stated she called them assists so she was asked for clarification of her reported births.

The board determined that the conversation with Ms. Crossett confirmed that she was primarily acting as a doula and was not acting as a midwife for the births which occurred in the hospital.

The board interpreted that 'at least 10 supervised deliveries in the year immediately preceding the application' for the reinstatement to mean the births could count prior to the date of application and considering the applicant did not have the 10 qualifying births at the time of application they would need to set a timeline for her to complete the remaining 7 births.

**ON A MOTION MADE BY BARBARA NORTON and SECONDED BY JENNIE GRIMWOOD TO APPROVE JOHANNA CROSSETT, APPLICATION FOR REINSTATEMENT PENDING RECEIPT OF PEER REVIEW FOR APRIL 1, 2008 TO MARCH 31, 2009, AND WILL ACCEPT REPORTED BIRTHS ONE (1), THREE (3), AND NINE (9).**

**THE BOARD IS DISALLOWING SEVEN (7) BIRTHS WHICH OCCURRED IN THE HOSPITAL BASED ON TESTIMONY PROVIDED BY JOHANNA AND THE PRECEPTOR, DEBBIE GILLESPIE CDM. THEIR TESTIMONY LEADS THE BOARD TO BELIEVE THAT THE SEVEN (7) HOSPITAL BIRTHS SHOULD BE CORRECTLY CLASSIFIED AS OBSERVED BIRTHS RATHER THAN ASSISTED BIRTHS.**

**THEREFORE THE BOARD HAS DETERMINED THAT JOHANNA HAS NOT MET THE REQUIREMENT OF 12 AAC 14 470 (6)(B) AND JOHANNA MUST COMPLETE AN ADDITIONAL SEVEN (7) BIRTHS. THE BOARD HAS STATED THE SEVEN (7) REQUIRED SUPERVISED DELIVERIES WOULD BE DEFINED AS IN 12 AAC 14.440.**

**ALL REQUIREMENTS MUST BE MET BEFORE OR BY FEBRUARY 23-24, 2012 BOARD MEETING. ALL BIRTHS, NUMBERS ONE (1), THREE (3), AND NINE (9) PLUS THE REMAINING SEVEN (7) BIRTHS MUST BE REPORTED ON THE FORM # 08-4590 OF THE REINSTATEMENT APPLICATION. ALL IN FAVOR, NO NAYS.**

Break at 11:18 a.m. Back on the record at 11:25 a.m.

The board reviewed the reinstatement application 08-4590 which staff drafted based on current regulation. The board approved the draft reinstatement application but amended the preceptor form.

**Agenda Item 14      Project - Preceptor**

Discussion was held related to preceptor duties and their responsibilities to their apprentice. The primary preceptor signs form # 08-4228a when they accept an apprentice.

Staff said the apprentice application primary preceptor forms says; "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.

Staff read from 12 AAC 14.220 Apprenticeship Program which is to be for a duration of at least one year; be conducted under the supervision of an apprenticeship program preceptor; and 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.

Holly said "The problem with the regulation is it implies the preceptor is doing the academic portion of the program".

In review of 12 AAC 14.220 it appears it is the preceptor who is responsible to provide the training program.

Staff asked "If when the apprentice is taking an academic course, is the preceptor to be verifying the content is being studied, completed and if sections are being passed? Does the preceptor have any accountability per 12 AAC 14.200 to monitor course content confirming the apprentice is completing the academic work"?

Holly said "Your assurance that the academic course of study is completed is when they have their diploma or certificate of completion from their course of study. I think that because of the way so many midwives have had to make it work in this state, it's too limiting to try to limit 'primary preceptor' and only had to be this person and why are we putting so much stock in this one person".

Holly said "I don't think the law speaks to the people who have an issue with their primary preceptor when that relationship ends. She is not saying they shouldn't have a primary preceptor or that the law doesn't say that".

Holly understands why this is a problem for staff when the change in preceptor is not being followed according to the regulation.

Cheryl asked where in the regulations it says that a preceptor needs to be approved. The board discussed that you do not have to apply to be a preceptor because by law once you meet the 2 years licensed in our state you are a preceptor.

Staff said the problem is that an apprentice fills out the application and the instructions state: This form must be signed by the primary preceptor who will be responsible for your apprenticeship program. You must notify the board of any changes per 12 AAC 14.130(e). An apprentice direct-entry midwife shall submit written notice to the department within 30 days after any addition or change to the relationship with the apprenticeship program preceptor.

Staff asked who is to be accountable for reporting the change in preceptor.

Holly said "It's not about going against the law it about how the Board will interpret the law".

Staff said an apprentice had a change in preceptor and did not notify the division when the preceptor change occurred. Barbara wanted staff to send the apprentice a letter

and advise that she was to report a change in preceptor. Barbara said to make a recommendation that MAA takes a stand on this issue.

Staff asked the board if they are saying there is no such thing as a primary preceptor.

Holly asked "where it says in the regulations that they have a primary preceptor".

Staff read regulation 12 AAC 14.220 (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 (staff pointed out preceptor is singular and is not plural)
  - (3) and 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).

Holly said "the problem is that the language is outdated. She does not have a program, she has a relationship with a person and she is her preceptor. The apprentice goes through Sharon Evans for her academic program".

Holly said the board should make it a regulation project to clean up the apprentice language.

Staff said she doesn't understand how anyone can have any continuity in their training if they have multiple preceptors.

Barbara said "Continuity is overrated. It's an asset to work with at least 4 midwives to see different ways of doing things. Continuity is nice in the academic part of the education, but working with only one person is a detriment because the apprentice would only see one way of doing births".

Barbara agreed that the way the regulation is written is putting the onus on the preceptor; they are obligated to make sure the academic subjects are being completed.

Staff provided the primary preceptor acceptance verification form (08-4228a) to the board. This form is part of the apprentice application. Staff thought the board would want to review form 08-4228a based on concerns that people do not want to sign the forms because of what the form is saying they are required to do.

Staff also explained that at a prior board meeting the forms were revised to include the regulation references 12 AAC 14.220, 12 AAC 14.200, 12 AAC 14.210 so that a preceptor or anyone who was considering becoming a preceptor would know what they are committing to and to better understand their role as preceptor.

Discussion on preceptors and reported change of preceptors ended with:

The board decided you do not actually have to 'apply' to be a preceptor as there is not a regulation requiring an application; a CDM must meet the requirements according to the statutes and regulations.

Apprentices are not following the regulation to notify the board within 30 days of changing preceptors as required according to 12 AAC 14.130. (e) An apprentice direct-entry midwife shall submit written notice to the department within 30 days after any addition or change to the relationship with the apprenticeship program preceptor.

Lunch recess: Off the record a 12:49 p.m. Back on at 1:19 p.m.

Staff asked the board if when an apprentice has changed a preceptor, the person who is named on the apprentice application, now who is responsible to keep the practical skills list, who is now to manage the apprentices' documentation.

Holly said it is the apprentice who keeps the skills list not the preceptor. The apprentice is working on it during the apprentice program.

Staff said she asked because the current instructions to the primary preceptor say they (the preceptor) are to keep the practical skills list.

TASK: For the next board meeting staff was asked to bring an entire list of all the midwives and which licenses have approved preceptor on their license.

#### **Agenda Item 15      Project - Apprentice**

Staff asked the board to develop guidelines of very specific instructions to guide an apprentice in the steps towards licensing because it appears to staff that sometimes the apprentices do not know the steps. Two areas of concern are:

- apprentices continue practicing after their permit lapses
- apprentices do not notify the division when there is a change in primary preceptor or addition to the preceptor.

Holly thinks the issue is that there is no accountability and thought staff could stress a stronger message in the initial apprentice letter to warn them that they must notify the board when their preceptor changes.

Barbara said "The board is sending mixed messages. At the last board meeting the board blew off people who continued to practice when their license lapsed saying oh, we haven't been doing this that long and they just didn't know about it. Now you are saying to send them a warning letter that if they don't do it, they will be turned over to investigations. The board needs to be consistent".

Holly said she has an opinion on that and that an apprentice is not practicing without a permit when they are under a licensed CDM.

Barbara said the 30 day issuance is not as big a grievance as having their license lapse.

12 AAC 14.130(e) An apprentice direct-entry midwife shall submit written notice to the department within 30 days after any addition or change to the relationship with the apprenticeship program preceptor.

The board may want to consider a regulation change to extend the 30 day requirement to 60 days for notification of a preceptor change.

TASK: Holly will draft a letter for all licensees and apprentices to educate and encourage them to follow their regulations in regards to peer review, apprentice/preceptor roles and requirements. Holly will forward to staff to e-mail to all board members for approval and staff will mail it to all licensed CDM and apprentice holders.

**Agenda Item 16      Project – CE worksheet**

Staff drafted instructions and CE worksheet to assist reinstatement applicants and to put on the website as a tool for licensees to track their CE's for renewal. Board members acknowledged that although a worksheet is not required it would be a good tool for licensees to track their CE's.

TASK: Staff to post to website under the continuing education audit.

**Agenda Item 17      Review CE's for renewal/audit**

Audit for Kirsten Gerrish MID license # 33

**On a motion made by Cheryl Corrick, seconded by Jennie Grimwood, it was RESOLVED TO APPROVE the continuing education hours submitted by Kirsten Gerrish for the Audit period January 1, 2009 to December 31, 2010. All in favor, carried unanimously.**

This audit was submitted late and the board discussed that audits are also due within a regulated time frame. Also, reviewing audits at separate board meetings causes additional work for the board.

**Agenda Item 18      Renewal application/jurisprudence**

Kelly DeSieves – License # 30 (late renewal). Holly Steiner reviewed Ms. DeSieves jurisprudence and found it to be complete.

**Agenda Item 19      Regulation Projects (no further discussion)**

**Agenda Item 20      Schedule Meetings  
Task list for meeting follow up  
Vote for New Board Chair  
Vote for New Board Secretary**

Holly told the board she was resigning as chair of the board (she is not resigning from the board – just as chair) and nominated Cheryl Corrick for chair. This was to allow an overlap of chairs on the board before Holly's term is up March 1, 2012.

**Barbara Norton made a motion to accept Holly Steiner resignation as chair of the board and appoint Cheryl Corrick, as chair effective October 1, 2011. Seconded by Jennie Grimwood. All in favor, no nays.**

Cheryl stepped down as secretary to accept the chair position on the board and nominated Jennie Grimwood as secretary effective October 1, 2011.

**Barbara Norton made a motion to accept Cheryl Corrick's resignation as secretary and appoint Jenny Grimwood as the new secretary effective October 1, 2011. Cheryl Corrick second. All in favor. No nays.**

Cheryl seconded it because Holly was still the chair.

**Schedule Meetings:**

Spring meeting will be February 23-24, 2012 moved from Juneau to Anchorage. Set tentative fall meeting dates of August. 23 -24, 2012 to be held in Anchorage. Next scheduled NARM examination is Wednesday, August 15, 2012.

**Adjourn Meeting**

**On a motion by Barbara Norton, seconded by Cheryl Corrick to ADJOURN the meeting. All in favor, carried unanimously.**

Meeting adjourned and off the record at 3:08 p.m.

Respectfully Submitted:

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Connie Petz, Licensing Examiner

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Holly Steiner, CDM Chair