



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
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E-MAIL: license@alaska.gov
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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 INSTRUCTIONS

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. Authorization for Release of Records. (Form 08-4228b)
- 3. Fees
 - \$125.00 Application Fee **AND**
 - \$125.00 Permit Fee
- 4. Attests to 12 AS 08.65.050(3) for Professional Fitness
- 5. Verification of acceptance into an apprenticeship program that the board has approved under 12 AAC 14.220 with Primary Preceptor Acceptance Verification form # 08-4228a.
NOTE: This form must be signed by ONE 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.
- 6. Copy of current certification in Basic Life Support for Health Care Providers. (BLS)

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.

IMPORTANT

You must **DOCUMENT ALL BIRTHS** with which you are involved from the date this permit is issued up to the date you apply for certification. 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.

NOTE: Birth observations made prior to this date **MAY** qualify toward licensure requirements provided the observations were clinically supervised according the preceptor provisions of 12 AAC 14.210 (a)

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Board of Certified Direct-entry Midwives

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FOR OFFICE USE ONLY

**APPLICATION FOR PERMIT TO PRACTICE AS AN
APPRENTICE DIRECT-ENTRY MIDWIFE**

(In accordance with AS 08.65.090)

Apprentice Direct-Entry Midwife: Nonrefundable Application Fee: \$125.00

Apprenticeship Permit Fee: \$125.00

Applicant's Name: _____
Last
First
Middle

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Daytime Telephone Number: _____ Social Security Number: _____
 (Required in accordance with AS 08.01.060(b))

Email Address: _____ Gender: Male Female Date of Birth: _____

Name of Academic course of study to be taken or school of midwifery: _____

EDUCATION (must indicate High School graduation or GED certificate)

State in chronological order the name and location of each high or preparatory school, GED, college, university or technical school attended, the time spent at each, and if a graduate, the year of graduation.

Name and Location of Institute	Dates of Attendance	Date Graduated	Diploma/Degree Received

PROFESSIONAL FITNESS (Alaska Statute 08.65.050(3), AS 08.65.110 and 12 AAC 14.140)

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, limited or surrendered (voluntary or involuntary) | <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. | | |

I certify I have reviewed AS 08.65.050(3) and AS 08.65.110 and attest that I have not engaged in conduct that is a ground for imposing disciplinary sanctions as referenced under AS 08.65.110 .

OR

I certify I have also reviewed AS 08.65.050(3) and AS 08.65.110 and attest I DO NOT MEET AS 08.65.110 and I have included the applicable documentation.

AND

I certify per 12 AAC 14.140 the information provided on this application and all forms accompanying it are true and correct.

If you answered "Yes" to any questions or statements, please submit a signed and dated detailed statement of explanation and a copy of the 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 "License Search."

Signature of Applicant

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

IDENTIFICATION

ATTACH RECENT PHOTOGRAPH HERE

Passport size taken within one year of application

SEAL
Notary seal must cover portion of photograph.

Notary Public
Notary Public for _____
My Commission Expires: _____

PLEASE CHECK AGAIN

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.

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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 14.220). 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 Midwives" and using it to document this apprentice's performance of the practical skills required by the Board.

Signature of Preceptor

Preceptor CDM Number _____

Daytime Phone Number _____

Email Address _____

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.

Home Telephone: _____

Work Telephone: _____

Signature: _____

Date: _____