



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

APPLICATION FOR LICENSURE TO PRACTICE DIRECT-ENTRY MIDWIFERY

I hereby make application for licensure to practice as a Direct-Entry Midwife in the State of Maryland in accordance with the Maryland Annotated Code, Health Occupations Article, Subtitle 6C and the Regulations Governing the Practice of Direct-Entry Midwives and submit the following evidence of my qualifications for licensure:

Last Name: _____ First _____ MI _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____

NOTICE: PLEASE BE ADVISED THAT IF YOU DO NOT PROVIDE A BUSINESS ADDRESS, THE BOARD IS REQUIRED TO DISCLOSE YOUR HOME ADDRESS IN RESPONSE TO A MARYLAND PUBLIC INFORMATION ACT REQUEST FOR YOUR LICENSURE OR CERTIFICATION RECORDS.

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Gender: Check One: Male Female

Date of Birth: _____ Social Security or Federal Tax ID number: _____
(MM/DD/YYYY)

***Ethnicity:** Are you Hispanic or Latino origin? Check One: YES NO

***Race:** Multiracial respondents may select all applicable racial categories below:

Check Choice(s):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White / Caucasian

***Authorization: MD Code, State Government, § 10-606 (c)**

SECTION I:**1. CERTIFICATION BY THE NORTH AMERICAN REGISTRY OF MIDWIVES (NARM):**

NARM CERTIFICATION #:	<i>Submit a copy of your NARM certificate with this application.</i>
DATE OF ORIGINAL CERTIFICATION:	
EXPIRATION DATE OF CURRENT CERTIFICATE:	

2. CARDIO PULMONARY RESUSCITATION (CPR) CERTIFICATION issued by the American Red Cross or the American Heart Association and NEONATAL RESUSCITATION CERTIFICATION (NRP) issued by the American Academy of Pediatrics or the American Heart Association:

EXPIRATION DATE OF CPR CERTIFICATION:	<i>Submit a copy each of your current CPR and NRP certification cards.</i>
EXPIRATION DATE OF NRP CERTIFICATION:	

3. COMPLETE ONE OF THE FOLLOWING:

- A. Verify completion of a Midwife Education Accreditation Council (MEAC) or Accreditation Commission for Midwifery Education (ACME) accredited midwifery program;

SCHOOL NAME:	<i>Have official transcript sent by the school directly to the Board to verify completion:</i> <i>Attn: LDEMs Dept.</i>
DATE OF COMPLETION:	
PROGRAM TYPE (select one): <input type="checkbox"/> MEAC or <input type="checkbox"/> ACME	

- B. Verify completion of the NARM Midwifery Bridge Certificate program;

DATE OF COMPLETION:	<i>Submit a copy of the Midwifery Bridge Certificate issued by NARM.</i>
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- C. If the applicant was certified as a Certified Professional Midwife prior to January 15, 2017, evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units from the Board-approved list ([see Appendix A](#)), including:
1. 14 hours of obstetric emergency skills training such as a birth emergency skills training (BEST) or an advanced life saving in obstetrics (ALSO) course; and

- The remaining 36 hours shall include courses in pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.

BOARD-APPROVED CEU COURSE (see Appendix A) (attach additional pages if necessary)	DATE	NUMBER OF HOURS	<i>Submit evidence of completion of each CEU course listed.</i>
TOTAL HOURS:			

SECTION II:

1. HIGH SCHOOL DIPLOMA OR EQUIVALENT:

HIGH SCHOOL:
STREET ADDRESS:
CITY, STATE, ZIP CODE:
YEAR OF COMPLETION:

NOTICE: THE BOARD OF NURSING HAS THE RIGHT TO REQUEST PROOF OF HIGH SCHOOL DIPLOMA OR EQUIVALENT. RANDOM AUDITS OF THIS INFORMATION ARE UNDERTAKEN.

2. HIGHEST LEVEL OF EDUCATION:

- High School (required)
- Some college courses
- Associates degree:

School name _____
 City, State _____ Year completed _____

Degree earned: _____

Bachelor's degree:

School name _____

City, State _____ Year completed _____

Degree earned: _____

Master's degree:

School name _____

City, State _____ Year completed _____

Degree earned: _____

Doctorate:

School name _____

City, State _____ Year completed _____

Degree earned: _____

Other:

School name _____

City, State _____ Year completed _____

Degree earned: _____

SECTION III:

BACKGROUND:

1. Have you ever pled guilty or nolo contendere (*i.e.*, "no contest") to (this includes a guilty plea for which probation before judgment was received), or ever been convicted of any criminal act (excluding minor traffic violations)?

Yes No

2. Have you ever been convicted of or pled guilty to, in any civil, administrative or criminal proceeding, the possession, use, manufacture, distribution, or diversion of controlled substances or prescription drugs?

Yes No

3. Have you ever had any application, license, certificate, permit or other privilege to practice any health care occupation:

a. Denied?

Yes No

- b. Disciplined, including, but not limited to, reprimand, censure, fine, surrender, probation, suspension, or revocation?

Yes No

4. With respect to any application, license, certificate, permit or other privilege to practice any health care occupation, have you ever been placed in a non-disciplinary probation, monitoring, practice remediation, or other similar program?

Yes No

If you answered “Yes” to any of the previous questions you must submit the following:

For Questions 1 and 2:

- a. A detailed letter of explanation, including the circumstances surrounding the crime, the date of your conviction or plea, the crime of which you were convicted or to which you pled guilty, your sentence, if and when you completed your sentence, and any other information you would like the Board to consider, such as subsequent work history, what you have learned, etc.; **AND**
- b. Court certified or true-test copies of court documents regarding the facts and circumstances of the crime, your plea(s) or the disposition of your charge(s) , the sentence imposed, and current status of your sentence (*i.e.*, all fines paid in full, completion letter from Parole/Probation Officer, etc.), or a letter/form from the court indicating that no records are available. Examples of court documents that show facts and circumstances surrounding the crime include statement of probable cause/application for statement of charges, arrest affidavit, or plea agreement.

For Questions 3 and 4:

- a. A detailed letter of explanation; **AND**
- b. Official copies of any documentation, including disciplinary orders, issued by a regulatory body regarding the denial or discipline of any application, license, certificate, permit or other privilege to practice any health care occupation, or any documentation regarding non-disciplinary probation, monitoring, practice remediation, or other similar program.

SECTION IV:

THE DIRECT-ENTRY MIDWIFE WILL PRACTICE ACCORDING TO THE SCOPE AND STANDARDS ESTABLISHED BY LAW AND REGULATION IN MARYLAND AND BY THE NORTH AMERICAN REGISTRY OF MIDWIVES (NARM):

I (type name) _____ hereby declare and affirm that all information contained in this form is true and complete to the best of my knowledge, information, and belief. I understand that I must submit a general written care plan in accordance with the Maryland Board of Nursing's requirements of section 8-6C-08 before I begin my practice in Maryland as a Licensed Direct-Entry Midwife. I agree to submit an annual data report as required under Section 8-6C-10. (Providing false or misleading information may result in disciplinary action by the Board.)

ORIGINAL SIGNATURE: _____ DATE SIGNED: _____

PLEASE ATTACH AND SUBMIT YOUR APPLICATION FEE: \$900.00 non-refundable application processing and initial licensure fee must be in check or money order form, payable to the MARYLAND BOARD OF NURSING.

PLEASE ATTACH A PROPERLY-FORMATTED PASSPORT-STYLE PHOTOGRAPH OF THE APPLICANT HERE:



MAIL TO:

**MARYLAND BOARD OF NURSING
ATTN: LICENSED DIRECT-ENTRY MIDWIFERY DEPT
4140 PATTERSON AVENUE BALTIMORE, MD 21215-2254**