



NH MIDWIFERY COUNCIL

APPLICATION FORM: NH MIDWIFERY CERTIFICATION

CATEGORY I: INITIAL APPLICANTS

CATEGORY II: RECIPROCITY APPLICANTS

MIDWIFERY COUNCIL ADDRESS:

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NH Midwifery Council
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Make checks payable to: *“Treasurer – State of NH”*

CATEGORY I: INITIAL APPLICANTS

- Entry-Level
- Certified Professional Midwife (CPM) Current Expired
- Certified/Licensed in another state Current Expired
State: _____
- Certified/Licensed in another country Current Expired
- Expired NHCM certification
- Other (describe: _____)

NOTE:

Anywhere the phrase “practicing midwives” appears in the Chapter Mid 300 Certification rules, it is referring to the “Practicing Midwives” definition of Mid 301.01 (m); the grandmothering clause allowing certification for “Practicing Midwives” expired in June 2001.

CATEGORY II: RECIPROCITY APPLICANTS

Currently licensed/certified and has been practicing midwifery in another state for a minimum of 18 months; is a Certified Professional Midwife (CPM); meets the qualifications of Mid 303.01 (a)-(h); meets experiential requirements of Mid 303.03 (a)(1) through (a)(7) and has passed the NARM Written Exam with at least 80% score.

General Information:

All information on the forms must be legibly printed in ink or typed. All sections of the application form shall either be completed or designated as not applicable (N/A). Please read through all sections before completing. Feel free to attach extra sheets of paper for further description, if necessary. Be sure to check your application for completeness before submitting it; an incomplete application will result in a delay in your renewal. The council recommends that you make copies of all materials, for your own records.

Date of Application: _____

1) Identifying Information:

Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Residence Address: _____

Residence Phone Number: _____

Work Address: _____

Work Phone Number: _____

Best number to use to reach you during daytime hours: _____

Email address: _____

2) Statement expressing intent to engage in the active practice of midwifery in the state:

3) Education:

Name and Address of High School Attended:

Dates of Graduation:

If not a high school graduate, date of GED completion:

College-Level Course in Anatomy & Physiology:

Name and Address of Course Location:

Dates Completed:

List of colleges/universities attended (if applicable):

Dates of attendance:

Degree Received: _____

Degree Received: _____

List of midwifery schools attended (if applicable):

Dates of attendance:

Degree/Certificate Awarded & Date: _____

State or Country of Issuance:

_____	_____
_____	_____
_____	_____

6) Disclosures:

Disclosures of the following information, the relative seriousness of which shall be used to evaluate the fitness of the applicant to practice midwifery pursuant to Mid 303.01(f):

Yes	No	(Please check the appropriate column next to each statement)
___	___	(a) Whether any malpractice claim has been made against the applicant within the last 6 years, regardless of whether a lawsuit was filed in relation to the claim;
___	___	(b) Whether the applicant has ever been denied a midwifery certificate, license, registration or permit to practice midwifery for any reason;
___	___	(c) Whether the applicant's employment or appointment in a hospital, clinic, or other health care facility was ever suspended;
___	___	(d) Whether the applicant has ever resigned from employment or appointment in a hospital, clinic or other health care facility in lieu of being subjected to disciplinary action;
___	___	(e) Whether there are pending against the applicant any disciplinary charges before any licensing authority, medical council, health care facility or professional midwifery association;
___	___	(f) Whether any disciplinary action has been taken against the applicant by any licensing authority, medical council, health care facility or professional midwifery association;
___	___	(g) Whether the applicant has ever voluntarily surrendered a certificate, license, registration or permit to practice midwifery or other healing art in lieu of facing disciplinary action;
___	___	(h) Whether the applicant has ever had a professional certificate, license, registration or permit to practice in a field other than midwifery revoked, suspended, or otherwise terminated on disciplinary grounds; and
___	___	(i) Whether the applicant currently has an emotional disturbance or mental or physical illness, or an addictive disorder impairing the applicant's ability to practice midwifery.

a. A statement describing in detail the circumstances of any affirmative answers to the questions above:

b. A statement describing the circumstances of any conviction of a crime disclosed by any affidavit required to be submitted by Mid 302.04 (g):

7) Letters of Recommendation:

Four written professional letters of recommendation, including at least two from certified or licensed health care professionals familiar with the applicant's midwifery experience, and not more than one from a client, affirming the applicant's competence and high standards in providing midwifery care:

1. Name of Certified/Licensed Health Care Professional:

Name/Address of Affiliation: _____

2. Name of Certified/Licensed Health Care Professional:

Name/Address of Affiliation: _____

3. Name and Address: _____

Relationship to Applicant: _____

4. Name and Address: _____

Relationship to Applicant: _____

8) Back-Up Arrangements:

Please submit detailed statements describing:

a. Arrangements for coverage for clients in the event of your absence or illness:

b. Arrangements for consultation with obstetricians, family practitioners, pediatricians or any other physicians concerning abnormal conditions:

c. Arrangements for transferring the care of clients to obstetricians, family practitioners, pediatricians or any other physicians:

d. Privileges at hospitals, professional associations with physicians, or ongoing professional relationships of medical support, if any:

e. Hospital services to be used in medical emergencies:

9) Supplemental Information:

a. Statement describing the applicant's arrangements for conducting laboratory testing:

b. Statement describing the applicant's arrangements for Newborn Screening:

c. Statement describing the applicant's arrangements for any necessary administration of Rh(D) immune globulin:

Documentation Check-Lists:

Use the checklist that describes your type of application.

1. Category I. Documentation Required for Initial Certification:

- A copy of a high school diploma or GED certificate;
- Proof of having passed one college-level anatomy and physiology course, or proof through credit examination of college-level credit anatomy and physiology;
- Official transcripts from, or copies of diplomas from, all colleges and universities attended, if applicable;
- Official transcripts from all midwifery schools and colleges attended, if applicable;
- A copy of the front and back of the current certificate in Adult and Infant/Child CPR issued by the American Red Cross, or CPR-BLS certificate for the Healthcare Provider by American Heart Association;
- A copy, front and back, of current NRP (Neonatal Resuscitation) card.
- If applicable, a notarized affidavit disclosing criminal convictions involving theft, injury to others or violence to others;
- At least 4 written references (see description on page 6). Letters may be mailed separately or may accompany application materials. Applications will not be processed until all letters are on file.
- The report of the applicant's preceptor(s) described in Mid 303.05 (b);
- The applicant's written statement that the applicant has met the experiential requirements of Mid 303.03 (a) and the technical skill requirements of Mid 303.04.

2. Category II. Documentation Required for Reciprocity Certification:

- A copy of a high school diploma or GED certificate;
- Proof of having passed one college-level anatomy and physiology course, or proof through credit examination of college-level credit anatomy and physiology;
- A copy of the front and back of the current certificate in Adult and Infant/Child CPR issued by the American Red Cross, or CPR-BLS certificate for the Healthcare Provider by American Heart Association;
- A copy, front and back, of current NRP (Neonatal Resuscitation) card.
- If applicable, a notarized affidavit disclosing criminal convictions involving theft, injury to others or violence to others;
- At least 4 written references (see description on page 6). Letters may be mailed separately or may accompany application materials. Applications will not be processed until all letters are on file.
- If authorized to practice midwifery in another state or states regulating midwifery, a copy of: A)The application materials the applicant submitted to such state(s); B)The statute(s) and regulations governing midwifery in such state(s) at the time the applicant received the authorization to practice; and C)The license or other authorization document for each of the states where the applicant is or has been authorized to practice midwifery, showing the beginning and end dates of the authorization.
- If authorized to practice in another state regulating midwifery, an official letter of verification sent directly to the Council from each state indicating whether A) The authorization is or was, during its period of validity, in good standing, and B) Any disciplinary action taken against the applicant.
- The applicant's written statement containing A) The applicant's affirmation that he or she has met the experiential requirements of Mid 303.03 (a)(1) through (a)(7); and B)For each required experience, an indication of whether it was acquired 1) Under preceptorship; or 2) In the course of practicing as a primary midwife authorized to practice in a state regulating midwifery.
- For each required experience acquired in the course of practicing as a primary midwife, a letter signed by the client, stating A)The client's name; B)The town and state of the out-of-hospital birth; and C)The beginning and end dates of the applicant's care for the client.

The information provided on the application form and the documentation provided to support the renewal application are, to the best of my knowledge and belief, true, accurate, complete and unaltered.

(Name of Applicant - Please Print)

I acknowledge that, pursuant to RSA 641:3, knowingly making of a false statement on the renewal application form is punishable as a misdemeanor.

(Signature of Applicant)

(Date Signed)

FOR COUNCIL USE ONLY - Leave Blank

Date Received: _____

Date of initial review by council: _____

Verification of Documentation: (List who you spoke with by phone and any relevant information):

High School _____

NARM _____

A&P _____

Preceptor(s) _____

Written References _____

Date letter/email sent requesting additional materials: _____

Follow-up written request for materials: _____

Date application accepted: _____

Letter mailed: _____

Date NARM score rec'd or Reciprocity accepted and approved for

NH Written Exam _____ Letter mailed _____

NH Written Exam Fee Paid (\$10) _____

Written Exam passed and approved for Oral Exam OR Reciprocity Certified _____

Written Exam failed _____

NH Oral Exam Fee Paid (\$10) _____

NH Oral Exam Passed/Certified _____

NH Oral Exam failed/Denied Certification _____

Letter of certification/denial sent: _____

Certification Fee Paid (\$200) _____