



## Application Form: Renewal of Midwifery Certificate

**MAIL APPLICATION TO:** Cilia Bannenberg, NH-CM  
NH Midwifery Council; PO Box 381, Barrington, NH 03825  
email: ciliabannenberg@gmail.com  
TEL: (603) 332-2563 FAX: (603) 332-2563 (8am-5pm)

Renewal Materials Due one month prior \_\_\_\_\_ to expiration of certificate: \_\_\_\_\_

Make Checks Payable to: "Treasurer - State of NH"

### 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. Sign and return this form along with copies of documentation and any written information at least one month prior to certification expiration date. Be sure to check your application for completeness; an incomplete application will result in a delay in your renewal. If certificate is not renewed before expiration date, you lose your ability to practice. The council recommends that you make copies of all materials, for your own records.

Name: \_\_\_\_\_

NH Midwifery Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Best number to use to reach you during daytime hours: \_\_\_\_\_

Email address: \_\_\_\_\_

Names of any birth assistants, associates, or apprentices with whom your regularly work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Back-Up Arrangements:**

Please submit detailed statements describing *any changes in a)-f) that may have occurred in your practice since you last certified or renewed (Or respond: “No change”):*

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

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

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

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

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e. Hospital services to be used in medical emergencies:

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f. Arrangements for conducting laboratory tests, ensuring that newborn metabolic screening is performed and that RhoGAM is administered (if indicated):

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**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 statement describing in detail the circumstances of any affirmative answers to the questions above:

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

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**2. Informal independent study, as described in Mid 405.03:**

Title of Book or Journal read: \_\_\_\_\_

Author(s) and publisher of the book/journal: \_\_\_\_\_

Date reading was completed: \_\_\_\_\_ Clock hours spent reading: \_\_\_\_\_

Title of Book or Journal read: \_\_\_\_\_

Author(s) and publisher of the book/journal: \_\_\_\_\_

Date reading was completed: \_\_\_\_\_ Clock hours spent reading: \_\_\_\_\_

Title of Videotape or DVD viewed: \_\_\_\_\_

Producer of the video/DVD: \_\_\_\_\_

Date viewed: \_\_\_\_\_ Clock hours spent viewing: \_\_\_\_\_

Title of Videotape or DVD viewed: \_\_\_\_\_

Producer of the video/DVD: \_\_\_\_\_

Date viewed: \_\_\_\_\_ Clock hours spent viewing: \_\_\_\_\_

Total Number of Clock Hours Spent in Informal Independent Study: \_\_\_\_\_

Total Contact Hours: \_\_\_\_\_

*(1 Contact Hour for each 2 clock hours spent studying; Maximum of 4 Contact Hours)*

**3. Publication of Writing Related to Midwifery, as described in Mid 405.04:**

Title of publication, and indicate whether it was a book, chapter of book, or article:

\_\_\_\_\_

*(Book: 12 contact hours; Chapter/Article: 4 contact hours; Maximum of 2 publications. If book is published, rules require that only 8 of 20 contact hours be earned through classes listed in 1.)*

Total Contact Hours: \_\_\_\_\_

**4. Public Professional Presentations Relating to Midwifery, as described in Mid 405.05:**

Title of presentation:

Clock hours spent presenting:

\_\_\_\_\_

\_\_\_\_\_

Total Clock Hours spent in public presentation: \_\_\_\_\_

Total Contact Hours granted: \_\_\_\_\_

*(2 Contact Hours for each clock hour of presentation, to a Maximum of 4 Contact Hours)*

**5. Teaching Midwifery at an accredited school, as described in Mid 405.06, OR at a conference offering contact hour credit for the course taught and approved by an accreditor from same list in Mid 405.06:**

Course taught: \_\_\_\_\_ Clock hours spent teaching: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Clock Hours spent teaching: \_\_\_\_\_

Total Contact Hours: \_\_\_\_\_

*(2 Contact Hours for each clock hour of teaching; Maximum of 4 Contact Hours)*

**6. Participation in the Work of Midwifery-Related Professional Boards or Committees and Participation in the Work of Midwifery-Related Governmental Regulatory Agencies:**

Name of Board/Committee/Agency: \_\_\_\_\_  
\_\_\_\_\_

*(2 Contact Hours for each board/committee/agency; Maximum 4 Contact Hours)*

**7. Product Development, as described in Mid 405.08:**

Product: \_\_\_\_\_  
\_\_\_\_\_

*(4 Contact Hours for each product developed, co-developed or re-developed; Credit granted only once for substantially the same product; Maximum 4 Contact Hours)*

**SUMMARY OF CONTINUING EDUCATION CONTACT HOURS**

Contact Hours in each Category:

1. Academic or other courses, classes, seminars, workshops or distance learning courses as described in Mid 405.02  
(Minimum of 12 Contact Hours) \_\_\_\_\_
2. Informal independent study, as described in Mid 405.03  
(Maximum of 4 Contact Hours) \_\_\_\_\_
3. Publication of the midwife's own writing, as described in Mid 405.04  
(12 Contact Hours for book; 4 Contact Hours for chapter/article;  
Maximum of 2 publications to be granted Contact Hours) \_\_\_\_\_
4. Public professional presentations, as described in Mid 405.06  
(Maximum of 4 Contact Hours) \_\_\_\_\_
5. Teaching midwifery, as described in Mid 405.05  
(Maximum of 4 Contact Hours) \_\_\_\_\_
6. Participation in the work of midwifery-related professional boards or committees and participation in the work of midwifery-related governmental regulatory agencies, as further described in Mid 405.07  
(Maximum of 4 Contact Hours) \_\_\_\_\_
7. Product development, as described in Mid 405.08  
(Maximum of 4 Contact Hours) \_\_\_\_\_

**Listing of required 6 Peer Reviews:**

1.) Topic: \_\_\_\_\_

Date: \_\_\_\_\_ At meeting with Minutes & Attendance taken? \_\_\_ Yes \_\_\_ No

If "No", list 2 other midwives in attendance: \_\_\_\_\_

Name of presenting midwife: \_\_\_\_\_

2.) Topic: \_\_\_\_\_

Date: \_\_\_\_\_ At meeting with Minutes & Attendance taken? \_\_\_ Yes \_\_\_ No

If "No", list 2 other midwives in attendance: \_\_\_\_\_

Name of presenting midwife: \_\_\_\_\_

3.) Topic: \_\_\_\_\_

Date: \_\_\_\_\_ At meeting with Minutes & Attendance taken? \_\_\_ Yes \_\_\_ No

If "No", list 2 other midwives in attendance: \_\_\_\_\_

Name of presenting midwife: \_\_\_\_\_

4.) Topic: \_\_\_\_\_

Date: \_\_\_\_\_ At meeting with Minutes & Attendance taken? \_\_\_ Yes \_\_\_ No

If "No", list 2 other midwives in attendance: \_\_\_\_\_

Name of presenting midwife: \_\_\_\_\_

5.) Topic: \_\_\_\_\_

Date: \_\_\_\_\_ At meeting with Minutes & Attendance taken? \_\_\_ Yes \_\_\_ No

If "No", list 2 other midwives in attendance: \_\_\_\_\_

Name of presenting midwife: \_\_\_\_\_

6.) Topic: \_\_\_\_\_

Date: \_\_\_\_\_ At meeting with Minutes & Attendance taken? \_\_\_ Yes \_\_\_ No

If "No", list 2 other midwives in attendance: \_\_\_\_\_

Name of presenting midwife: \_\_\_\_\_

**DOCUMENTATION: 20 CONTACT HOURS, PEER REVIEW, CPR, NRP**

**Submit: Documentation of 20 Contact Hours under the following categories of continuing education (as written in rules Mid 406):**

**1a. Academic Courses:**

1. Photocopy of an official transcript, showing the date of the course and its successful completion;
2. A statement of the number of clock hours spent in the course; and
3. Either the description of the course copied from the institution's catalogue or the course syllabus.

**1b. Other courses, classes, seminars, workshops or distance learning courses:**

A photocopy of a certificate or other confirmation of attendance or participation, showing:

1. The midwife's name;
2. The name of the course, class seminar or workshop;
3. The name of the accrediting agency from the list in Mid 405.02(a)(2);
4. The beginning and end date(s) of the course, class, seminar, workshop, or distance learning; and
5. The number of contact hours credited by the provider or sponsoring entity.

1c. For journal study:

A photocopy of a certificate provided by the journal study program sponsor or provider showing:

1. The midwife's name;
2. The name of the journal study program;
3. The name of the accrediting agency from the list in 405.02(a)(2);
4. The date that the certificate was issued; and
5. The number of contact hours credited by the journal study program sponsor or provider.

2. Informal independent study:

A one-page, double-spaced report of the major thesis or theses of the item each read or viewed (as listed in #2 above) describing how it applies to midwifery.

3. Publication of the midwife's own writing:

A presentation of any materials showing:

1. The title of the writing;
2. The date of publication; and
3. The applicant's part or full authorship of the published writing.

4. Public professional presentations:

A copy of the official program of the presentation;

OR

Written verification signed by a representative of the programs' sponsor showing:

1. Title of the presentation;
2. The name of the midwife as presenter;
3. The date of the presentation;
4. The hours during which the presentation took place; and
5. The type of audience attending the presentation.

5. Teaching midwifery:

1. A written statement with the name of the course(s) taught; and
2. A letter of confirmation signed by an official of the institution sponsoring the courses.

6. Participation in the work of midwifery-related professional boards or committees and participation in the work of midwifery-related governmental regulatory agencies:

A letter issued by the authority appointing the midwife to the board, committee or agency OR by the board, committee or agency served by the midwife stating:

1. The appointment to the board, committee or agency;
2. The fact of the midwife's participation; and
3. The beginning and ending dates of the midwife's participation.

7. Product development:

A letter written by a representative of the distributor or disseminator on the letterhead of the distributor or disseminator:

1. Describing the product; and
2. Acknowledging the midwife as developer or co-developer.

**Submit: Documentation of Peer Review, CPR, NRP:**

- Documentation (include copies of participation of attendance) at 6 Peer Reviews. One Peer Review per renewal period must have been presented by this renewing midwife.
- 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; and
- A copy, front and back, of current NRP (Neonatal Resuscitation) card.

**Submit: Affidavit, Renewal Fee:**

- If applicable, a notarized affidavit disclosing criminal convictions involving theft, injury to others or violence to others;
- Renewal Fee - Include a check for \$200 payable to “Treasurer - State of NH”

The information provided on the renewal 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

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FOR OFFICIAL USE ONLY - Leave Blank

Date Received: \_\_\_\_\_

Date of initial review by council: \_\_\_\_\_

Date letter sent requesting additional materials: \_\_\_\_\_

Date of final review by council: \_\_\_\_\_

Date certificate approved for renewal: \_\_\_\_\_

Date renewal fee paid (\$200): \_\_\_\_\_

Date renewal denied: \_\_\_\_\_