



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

APPLICATION FOR LICENSURE AS A CERTIFIED MIDWIFE

PLEASE COMPLETE THE ENTIRE APPLICATION.

I hereby apply for licensure as a certified midwife in the State of Maryland in accordance with the Subtitle 6D of the Health Occupations Article, Annotated Code of Maryland, and Title 10, Subtitle 69, of the Code of Maryland Regulations, and submit the following evidence of my qualifications for licensure:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

NOTICE: PLEASE BE ADVISED THAT ONLY YOUR BUSINESS ADDRESS IS SUBJECT TO DISCLOSURE IN RESPONSE TO A REQUEST FOR YOUR LICENSURE RECORDS UNDER THE MARYLAND PUBLIC INFORMATION ACT.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Personal E-mail Address: _____

Business E-mail Address: _____

NOTICE: PLEASE BE ADVISED THAT ONLY YOUR BUSINESS EMAIL ADDRESS IS SUBJECT TO DISCLOSE IN RESPONSE TO A REQUEST UNDER THE MARYLAND PUBLIC INFORMATION ACT FOR YOUR LICENSURE OR CERTIFICATION RECORDS.

Gender: (*Check One*) Male Female Other/Unspecified

Date of Birth: _____
(MM/DD/YYYY)

Social Security No.: _____ OR Individual Tax Identification No.: _____

4140 Patterson Avenue - Baltimore, Maryland 21215-2254
Toll Free: 1 (888) 202 – 9861 • Phone: (410) 585 – 1900 • TTY/TDD: 1 (800) 735 – 2258

www.health.maryland.gov/mbon

Interpreter Services are available upon request.

APPLICATION FOR LICENSURE AS A CERTIFIED MIDWIFE

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

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

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

SECTION I

1. CERTIFICATION BY THE AMERICAN MIDWIFERY CERTIFICATION BOARD (AMCB):

AMCB CERTIFICATION NO.:	<i>Submit a copy of your AMCB certificate with this application.</i>
DATE OF ORIGINAL CERTIFICATION:	
EXPIRATION DATE OF CURRENT CERTIFICATE:	

2. GRADUATION FROM A GRADUATE-LEVEL ACCREDITED PROGRAM FOR MIDWIFERY EDUCATION APPROVED BY THE ACCREDITATION COMMISSION FOR MIDWIFERY EDUCATION (ACME):

SCHOOL NAME:	<i>Have official transcript sent by the school directly to the Board to verify completion:</i> <i><u>Attn: Licensed Certified Midwives Dept.</u></i>
DATE OF COMPLETION:	
GRADUATE-LEVEL PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROGRAM IS ACME-APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	

3. PASS THE AMCB EXAMINATION:

Have you passed the AMCB examination?

YES NO

IF YES, DATE PASSED: _____

SECTION II

GRADUATE DEGREE LEVEL OF EDUCATION:

APPLICATION FOR LICENSURE AS A CERTIFIED MIDWIFE

Master's degree (minimum requirement is a Master's degree for Certification):

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 pleaded 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?

APPLICATION FOR LICENSURE AS A CERTIFIED MIDWIFE

Yes No

5. Have you ever surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board or any jurisdiction, including Maryland?

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.

For Question 5: A detailed letter of explanation.

SECTION IV

All applicants must submit to a criminal history records check. Please provide the tracking number provided on your receipt below:

Tracking Number: _____

APPLICATION FOR LICENSURE AS A CERTIFIED MIDWIFE

SECTION V

I hereby declare and affirm that all information contained in this application and documentation submitted with this application is true and complete to the best of my knowledge, information, and belief. I understand and agree that if I am licensed, I shall comply with all laws set forth in the Maryland Annotated Code, Health Occupations Article, Title 8, Sections 8-6D-01 through 8-6D-15, and will practice according to the scope and standards established by law and regulation in Maryland and by the AMCB. I further understand that I shall obtain licensure to practice as a Certified Midwife before I begin my practice in Maryland as a Licensed Certified Midwife. I further understand that providing any false or misleading information on this application or accompanying documentation may result in disciplinary action by the Board, including denial of my application or disciplinary action against my license.

ORIGINAL SIGNATURE: _____

DATE SIGNED: _____

PLEASE ATTACH AND SUBMIT YOUR APPLICATION FEE: \$176.00 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:



Photo Date: _____

PLEASE REVIEW THE INSTRUCTION SHEET AND BE SURE THIS APPLICATION IS COMPLETE BEFORE IT IS SUBMITTED. DO NOT SUBMIT BY EMAIL OR FAX. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL REQUIRE ADDITIONAL PROCESSING TIME.

Once issued, the new License To Practice As a Certified Midwife may be viewed and printed from the Board's website: www.mbon.org --- "Look Up a License" at: [Pages - Lookup A License \(maryland.gov\)](http://Pages-LookupALicense(maryland.gov)).

APPLICATION FOR LICENSURE AS A CERTIFIED MIDWIFE

PLEASE MAIL THE COMPLETED APPLICATION AND PAYMENT OF THE REQUIRED FEE TO:

**MARYLAND BOARD OF NURSING
ATTN: LICENSED CERTIFIED MIDWIVES DEPARTMENT
4140 PATTERSON AVENUE
BALTIMORE, MD 21215-2254**

Note: You may submit your application and payment of the required application fee with your application in person at the receptionist desk of the Maryland Board of Nursing. Credit card payments are currently accepted for payment of the required licensure application fee if you submit your completed application in person to the Maryland Board of Nursing at the address noted above during regular business hours.

Application approved by the Board of Nursing on 6/25/2025