



Board of Nursing

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

APPLICATION FOR RENEWAL OF LICENSE TO PRACTICE AS A CERTIFIED MIDWIFE

PLEASE COMPLETE THE ENTIRE APPLICATION.

License Number: _____ **Renewal Fee: \$146.00 (not refundable)**

Make check or money-order payable to "The Maryland Board of Nursing". Cash cannot be accepted.

I hereby make application for renewal of my Certified Midwife license in the State of Maryland.

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Note: Under the Maryland Public Information Act, Maryland Code Ann., General Provisions ("GP") § 4-101 *et seq.*, the business address of a licensee, or, if the business address is not available, the home address of the licensee, is public information. Please be advised that if you elect not to include a business address, your home address is subject to public disclosure upon request. See Gen. Prov. § 4-333(b)(2)

Business Address: _____

City: _____ State: _____ Zip Code: _____

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

E-mail Address: _____

Gender: Check One: Male Female

Date of Birth: _____

* Social Security Number : _____

* Effective January 27, 2012: Please be advised that the disclosure of your Social Security Number is mandatory in order to process your application. Any license renewal application received at the Board of Nursing without either a Social Security Number (SSN) will not be processed. Applications without these numbers are not complete and will be returned to you.

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 Renewal of License to Practice as a Certified Midwife

The Board is required by Federal and Maryland law to collect the information for the following purposes:

- Verification of identity with respect to final adverse actions related to your license. *See*(42 U.S.C.§1320a-7e(b))
- Administration of the Child Support Enforcement Program *See* Md. Code Ann., Fam. Law §10-119.3(b)(1).
- Identification by the Maryland Department of Assessments and Taxations of new businesses in Maryland. *See* Md. Code. Ann., Health Occ. ("Health Occ.") §1-210.

***Ethnicity:** Are you Hispanic or Latino in origin? 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:** Maryland Code Annotated, State Government §10-606 (c)

Current Certification as a Midwife by the American Midwifery Certificate Board (AMCB) is required:

Have you attached a copy of your current certification as a certified midwife?

Yes No

Please attach written proof of current certification as a certified midwife by AMCB.

Licensure:

Are you licensed in another health care profession in this state or any other state(s)?

Yes No

If yes, please indicate the profession _____ State(s) _____

Are you licensed as a Certified Midwife in another state or states?

Yes No

If yes, indicate state (s) in which you are licensed. _____

Implicit Bias Training

If this is your **first** renewal after obtaining initial licensure, do you attest that you have completed an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program under § 20-1306 of the Health-General Article?

Yes No

If you completed the required implicit bias training and attestation during a previous renewal cycle, please check here:

See Health Occ. § 1-225.

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Workers' Compensation Law:

The Board must verify that employers (engaged in an activity in which the employer may employ a covered employee) are complying with the Workers' Compensation Act before a license can be issued. See Health Occ. §1-202.

I hereby certify one of the following:

I do not employ anyone. I do not practice in Maryland. I employ one or more persons in My Maryland practice and have the following Workers' Compensation coverage:

Insurance Company _____

Policy Number: _____ Policy Expiration Date: _____

Background:

Since the issuance of your certified midwife license:

1. Have you pled guilty or nolo contendere (that is, "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 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 in any jurisdiction?
 Yes No
3. Have you 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
5. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice as a licensed certified midwife?
 Yes No
6. Have you 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 questions above, a complete explanation and court documents showing the outcome of your case(s) must be submitted for review. Your application is not complete and cannot be processed until these documents are submitted.

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Signature:

I solemnly affirm, under the penalty of perjury, that the information I have provided in this application is true and correct to the best of my knowledge. Providing false or misleading information may result in disciplinary action by the Board:

SIGNATURE: _____ DATE: _____

MAIL APPLICATION AND ALL SUPPORTING DOCUMENTATION WITH CHECK OR MONEY ORDER for the renewal fee in the amount of \$146.00 TO:

Maryland Board of Nursing
Attention: Certified Midwife License Department
4140 Patterson Avenue
Baltimore, MD 21215

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

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