Maryland
DEPARTMENT OF HEALTH

Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P. H., Secretary

APPLICATION FOR LICENSURE TO PRACTICE DIRECT-ENTRY MIDWIFERY

Updated June 2024

I hereby make application for licensure to practice direct-entry midwifery in the State of Maryland.

PLEASE COMPLETE THE ENTIRE APPLICATION. FAILURE TO COMPLETE THE ENTIRE APPLICATION AND SUBMIT THE REQUIRED SUPPORTING DOCUMENTATION WILL BE CONSIDERED AN INCOMPLETE APPLICATION. INCOMPLETE APPLICATIONS MAY RESULT IN A DELAY OF THE APPLICATION BEING REVIEWED OR CONSIDERED BY THE BOARD.

Last Name: _____ First _____ MI _____

Home Address:

Street:_____

City:_____ State: _____ Zip Code: _____

Business Address: _____

(NOTE: UNDER THE MARYLAND PUBLIC INFORMATION ACT, SET FORTH IN MARYLAND CODE ANNOTATED, GENERAL PROVISIONS ARTICLE ("GEN. PROV.") §§ 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 MAY BE SUBJECT TO PUBLIC DISCLOSURE. SEE GEN. PROV. § 4-333(B)(2)).

Street:_____

City:_____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Gender: ☐ Male ☐ Female Other/Unspecified _____

Date of Birth: _____

Social Security or Individual Tax ID number: _____

Effective October 1, 2023: Please be advised that the disclosure of your Social Security or Individual Tax Identification Number is mandatory to process your application. Applicants who do not hold a Social Security Number or Individual Tax Identification Number and are applying with alternative documentation permitted by the US Department of Health and Human Services under Section 466(a)(13) of the Social Security Act will be processed.

The Board is required by federal and Maryland law to collect Social Security or Individual Tax Identification Numbers for the following purposes:

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

***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

***Authorization: Maryland Code Ann., State Government Article, § 10-603 (c).**

SECTION I:

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

NARM CERTIFICATION #:	***Submit a copy of your NARM certificate with this application.***
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:	

Revised Application Approved by the Board June 26, 2024

EXPIRATION DATE OF NRP CERTIFICATION:	***Submit a copy each of your current CPR and NRP certification cards.***

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:	***Have official transcript sent by the school directly to the Board to verify completion:*** ***Attn: LDEMs Dept.***
DATE OF COMPLETION:	
PROGRAM TYPE (select one): ☐ MEAC **or** ☐ ACME	

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

DATE OF COMPLETION:	***Submit a copy of the Midwifery Bridge Certificate issued by NARM.***

C. If the applicant was certified as a Certified Professional Midwife prior to January 15, 2017**,** through a non-MEAC accredited program, evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units approved by the Board and accredited by MEAC, the American College of Nurse Midwives, or the Accreditation Council for Continuing Medical Education (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
2. 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**	***Submit evidence of completion of***

			each CEU course listed.
TOTAL HOURS:			

SECTION II:

1. **HIGH SCHOOL DIPLOMA OR EQUIVALENT:**

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

COMAR 10.64.01.15 REQUIRES THAT THE APPLICANT BE A HIGH SCHOOL GRADUATE OR HAVE COMPLETED EQUIVALENT EDUCATION.

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 been convicted of pled guilty or nolo contendere (*i.e.,* "no contest") to (this includes a guilty plea for which probation before judgment was received), 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 in any jurisdiction?

   ☐ Yes ☐ No

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

   a. Denied?

      ☐ Yes ☐ No

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

      ☐ 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 in any jurisdiction?

☐ Yes ☐ No

5. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in any health care occupation?
____Yes ____ No

6. Have you surrendered or allowed to lapse, your license, certificate, permit, or other privilege to practice any health occupation while under investigation by any licensing or disciplinary board in any jurisdiction?
____Yes ____No

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

For Questions 1 and 2:

a. A signed and dated explanation, written by the applicant, regarding the facts and circumstances, outcome, and current status of any criminal history record information received by the Board, 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 through 6:

a. A signed and dated explanation, written by the applicant; **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)** **_____** ***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. I am aware that providing false or misleading information may result in disciplinary action by the Board pursuant to Md. Code Ann., Health Occ. § 8-6C-20. 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.***

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 AVENUEBALTIMORE, MD 21215-2254

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