

MEDICAL BOARD OF CALIFORNIA
Midwifery Program

Midwifery Advisory Council Member Application

The Midwifery Advisory Council (MAC) is an advisory council responsible for making recommendations on matters presented by the California Medical Board (Board) members, Board staff, or designees. The MAC represents the midwifery community and licensed midwives in the State of California. The MAC is comprised of three licensed midwives, one physician and surgeon, and two public members. Public member representatives have an interest in midwifery, but are not licensed midwives. The MAC members volunteer to serve and attend all MAC meetings for up to a three-year term. This application form has been developed to review volunteers interested in serving on the MAC. To be considered for appointment, please mail, email, or fax your MAC Member Application form no later than **May 1, 2024** to:

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Attention: Midwifery Program
FAX: (916) 263-8936
tonya.morairty@mbc.ca.gov

Name:	Last	First	Middle Initial	Suffix
Address:	Street	City	State	Zip Code
Phone:	Cell#	Home #	Work#	Fax#
Email:				
Are you a California Licensed Midwife?	<input type="checkbox"/> YES <input type="checkbox"/> NO License Number: LM # _____			
Are you a California Licensed Physician?	<input type="checkbox"/> YES <input type="checkbox"/> NO License Number: _____ If yes, are you currently practicing as an obstetrician/gynecologist? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you, or have you ever been, a board member of a midwifery or physician related entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the name of the board(s): <div style="display: flex; justify-content: space-between;"> Name Dates of Membership </div>			
	<div style="display: flex; justify-content: space-between;"> Name Dates of Membership </div>			
Organization/Association: <i>(If volunteering as a non-licensee "public member" please insert the word "SELF – PUBLIC Interest")</i>				
Position within the Organization/Association: <i>(Board member, executive, or member)</i>				
Do you know anyone who might oppose your appointment to the MAC Advisory Council?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there anything in your background, if made known to the general public through service on the Advisory Council, would cause embarrassment to you and/or the Board?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been formally disciplined or cited for a breach of ethics or unprofessional conduct by an organization?				<input type="checkbox"/> YES <input type="checkbox"/> NO

MEDICAL BOARD OF CALIFORNIA
Midwifery Program

Please attach your resume or curriculum vitae.

Please attach a letter outlining your qualifications and interest in midwifery and home birth, including prior involvement with midwifery-related organizations.

Please attach three letters of recommendation from licensed midwives or clients in your area.
(If applying for midwife position at least 2 of the letters must be from practicing midwives in your area)

(Signature)

(Date)

DISCLOSURE: Providing this information is strictly voluntary. The personal information requested on this form is being collected for consideration of appointment as a member of the MAC. This information will be reviewed by Board staff and members of the Board and/or MAC. This form will be retained in the files of the Licensing Program. This form and attachments must be submitted by May 1, 2024, to be considered.