



MEDICAL BOARD OF CALIFORNIA Licensing Program



Dear Applicant:

In response to your request concerning direct-entry midwives, an application and general information packet describing the requirements for licensure as a Licensed Midwife is enclosed.

California laws are very specific regarding the Midwifery Program. Please read the following information to determine your eligibility to become licensed. If you apply for licensure and are later determined ineligible, application processing fees will not be refunded.

There are only two pathways to licensure in California.

1. **Education**. Successful completion of a three-year postsecondary education program in an accredited midwifery school that the Medical Board has determined satisfies the educational criteria. Upon successful completion of educational requirements, the applicant must successfully complete a comprehensive licensing examination adopted by the Medical Board, or show current licensure as a midwife by a state with equivalent licensing standards, as determined by the Medical Board.
2. **Challenge Mechanism**. As defined in statute, the challenge process is an approved midwifery education program which allows students to obtain credit by examination for previous midwifery education and clinical experience. Applicants must document and demonstrate experience and minimum competence to comply with California's minimum standard for education. Currently, Maternidad La Luz (MLL) in El Paso, Texas and the National Midwifery Institute, Inc, (NMI) Bristol, Vermont, by agreement with the Medical Board operates the only approved Challenge programs for purposes of licensure. Upon successful completion of the Challenge Process, the applicant must successfully complete a comprehensive licensing examination adopted by the Medical Board. For additional information regarding the California Challenge Process, please contact Maternidad La Luz at (915) 532-5895 or their web site at <http://www.maternidadlaluz.com>; or the National Midwifery Institute, Inc. at (802) 453-3332 or (415) 248-1671, or their web site at <http://www.nationalmidwiferyinstitute.com>.

The comprehensive licensing examination developed by the North American Registry of Midwives (NARM), was adopted by the Medical Board's Division of Licensing in May 1996, to satisfy the written examination requirements. This examination is administered twice a year (February and August). NARM applications are available upon request.

Questions regarding the Midwifery Program may be directed to (916) 263-2393.

Sincerely,

Licensing Operations/Midwifery Program

Revised 8/2013



MEDICAL BOARD OF CALIFORNIA

Licensing Program



CALIFORNIA MIDWIFERY LICENSURE CANDIDATE CHECK SHEET

Instructions: Please use this checklist supported by the enclosed information as a reference during the preparation of your application, to assure that all components of the application have been completed, as applicable, prior to submission. Additionally, please review California Business and Professions Code sections 2505 – 2521, 2423, as they pertain to Licensed Midwives. Further, a summary of the Licensed Midwifery Practice Act of 1993, along with California Code of Regulations sections 1379.1 through 1379.31 has also been included for your review.

(Check (✓) when completed)

- Enclose \$300 application fee. (Non-refundable) Make checks payable to the Medical Board of California;
- Prepared application; printed legibly or typed with all sections completed, signed (blue ink), and notarized.
- If using a Post Office box for your address of record, you must also include a “confidential street address”. Refer to page 2, General Information, Application for Midwifery Licensure, for additional guidance.
- 2nd Copy of a processed Request for LIVE SCAN Service Form; retain copy #3 for your records;
OR
two (2) completed fingerprint cards along with \$49 processing fee payable to the Medical Board (non-refundable). Refer to the “Alternative to Paper Fingerprint Cards” contained in the Application Package for further guidance.
- Professional-quality photograph (Black & White finished 2” X 3”), taken within last 12 months. Snapshots, proofs, negatives, digitized, instamatic, or polaroid-type photographs are NOT ACCEPTABLE.
- License Verification (if applicable): Refer to enclosed “General Information”. Some institutions may require additional fees for service.
 - Original documentation: Includes transcripts, NARM examination scores, letters of good standing, diplomas, certificates, and CHALLENGE documentation, must be mailed from the institution, NOT by the applicant.
- Select Method of Applying: (Reference Item #8). Only one method will apply. The “Reciprocal” method applies ONLY to Licensed Midwives from Washington (state) and Florida. Currently, licensed midwives applying from other countries are not eligible for California’s Licensed Midwifery Program.
- Item #15-17. If your response was “yes”:
 - Provide a detailed written and personal explanation of the circumstances on an additional sheet(s) of paper;
 - Attach supporting documentation, such as “certified court documents”, or certified statement from the requested “source” if the documents are not available.
 - Attach Arrest Report(s); and
 - Attach Probation Report(s), where applicable.
- Understand, by acknowledgement, the “Penalty of Perjury” Statement prior to affixing your signature to the Application.
- Notarize the Application, with notary seal. **PLEASE RECHECK YOUR SUBMISSION.**

Please review your application prior to mailing. Omissions or questioned documentation may delay application review and processing. Call (916) 263-2393 for assistance, as needed. Checklist return is not required.



MEDICAL BOARD OF CALIFORNIA Licensing Program

APPLICATION FOR MIDWIFERY LICENSURE

General Information

The enclosed packet of materials contains information and forms necessary for submitting an application for licensure as a Licensed Midwife. This information is provided to answer some of the most commonly asked questions concerning the application process and the licensed midwife program. After reviewing this information and the application, please contact the Medical Board of California, Licensing Program, should you have any questions or difficulties in preparing this documentation.

The original application, appropriate fees, and supporting documentation are to be sent to the address shown below. Once the application and fees are received, an initial review will be conducted. You will be notified in writing within 30 days, concerning the outcome of this review. This notification will discuss any deficiencies, if any, and the next step in the licensing process.

All questions on the application must be answered and all supporting documents must be provided. If a question does not pertain to you, indicate "N/A" (not applicable) in the space provided. If any of the sections in the application do not contain sufficient space for the required responses, use additional sheets of paper to record your responses. There are no page limitations when providing your personal discussions in response to the questions found in the application.

PRIORITY REVIEW & EXPEDITED LICENSURE

Active Duty Military of the Armed Forces - Must supply satisfactory evidence to the Board that you are serving as an active duty military of the Armed Forces of the United States.

Honorably Discharged Veteran of the Armed Forces – Must supply satisfactory evidence to the Board that you have served as an active duty member of the Armed Forces of the United States and were honorably discharged.

Provide Medical Services in an Underserved Area or to an Underserved Population in California – Must supply satisfactory evidence to the Board that you have accepted employment and intend to practice in an area of California formally designated as an underserved area or underserved population. Please see further details on our website at http://www.mbc.ca.gov/Applicants/Physicians_and_Surgeons/Underserved.aspx.

Temporary Licensure of Spouses of Active Duty Members of the Armed Forces – Must supply satisfactory evidence to the Board that you are married to, or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. In addition, you must meet the requirements listed in Business and Professions Code Section 115.6.

SOCIAL SECURITY NUMBER (SSN) or INDIVIDUAL TAX PAYER IDENTIFICATION NUMBER (ITIN)

Social Security Number: Business and Professions Code 30. Provision of federal employer identification number or social security number by licensee, (a) (1) notwithstanding any other law, any board, as defined in

Section 22, and the State Bar and the Bureau of Real Estate shall, at the time of issuance of the license, require that the applicant provide its federal employer identification number, if the applicant is a partnership or the applicant's social security number for all other applicants.

How do I apply for a SSN?

To obtain a SSN, see Form SS-5, Application for a Social Security Card. To get Form SS-5 or to find out if you are eligible to obtain a SSN, go to [Social Security Administration](#) or contact a SSA office. By law, an alien individual cannot have both an ITIN and a SSN.

Individual Taxpayer Identification Number: IRS issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain a Social Security Number (SSN) from the Social Security Administration (SSA).

Who needs an ITIN?

IRS issues ITINs to foreign nationals and others who have federal tax reporting or filing requirements and do not qualify for SSNs. A non-resident alien individual not eligible for a SSN who is required to file a U.S. tax return only to claim a refund of tax under the provisions of a U.S. tax treaty needs an ITIN.

Other examples of individuals who need ITINs include:

- A nonresident alien required to file a U.S. tax return
- A U.S. resident alien (based on days present in the United States) filing a U.S. tax return
- A dependent or spouse of a U.S. citizen/resident alien
- A dependent or spouse of a nonresident alien visa holder

How do I know if I need an ITIN?

If you do not have a SSN and are not eligible to obtain a SSN, but you have a requirement to furnish a federal tax identification number or file a federal income tax return, you must apply for an ITIN.

If you have an application for a SSN pending, do not file Form W-7. Complete Form W-7 only if the Social Security Administration (SSA) notifies you that a SSN cannot be issued.

How do I apply for an ITIN?

Use the latest revision of Form W-7, [Application for IRS Individual Taxpayer Identification Number](#) to apply. Attach a valid federal income tax return, unless you qualify for an exception, and include your original proof of identity or copies certified by issuing agency and foreign status documents.

DOCUMENTS

Original and official documents, e.g., transcripts, certification letters, etc., are required in all instances and are retained in your Master Midwifery File, if licensing is approved. Challenge Mechanism documents must be provided directly to the Medical Board from the educational institution that offers an approved California Challenge Mechanism Program.

NAME CHANGES

If you change your name by marriage or other court action, you must submit original (notarized) legal documentation of the change. A "Notification of Name Change Form" is available on the Medical Board's website at <http://www.mbc.ca.gov>; on the right side of the main page, click on "FORMS", scroll down to "Licensees" and choose "Notification of Name Change."

PHOTOGRAPH

Please affix a 2 X 2-inch professional quality photograph to your application. Photos must be of your head and shoulders (frontal) only and must have been taken within the last 12 months. Informal snapshots, proofs, negatives, digital or instamatic-type photographs are not acceptable.

FINGERPRINTS

Fingerprint clearances from both the DOJ and the FBI must be received prior to the issuance of a midwifery license for California. As of July 2005 and in accordance with the California Penal Code Section 11077.1(a) (b), applicants who reside in California must complete the electronic Live Scan fingerprint process. Alternatively, applicants residing outside of California may choose this option if visiting the state. The state of California does not have Live Scan links to or with other states. California's Department of Justice provides statewide Live Scan services, which is an electronic fingerprint system with automated background check and response technology. Proceed to the nearest Live Scan location and provide the live scan form to the operator for fingerprint processing. A list of locations and hours of operation can be found at the website: <https://oag.ca.gov/fingerprints/locations>

Further, if you are not a California resident and do not have access to a California Live Scan location, you must contact the Medical Board of California, Licensing Program, so that two (2) paper fingerprint cards can be mailed to you for fingerprint processing. Contact your local police department or other law enforcement agency or Department of Motor Vehicles so that fingerprint processing can be completed. Whether you use Live Scan or paper fingerprint cards, there is a \$49.00 fee to perform the background check. If you use Live Scan, the \$49.00 fee will be paid to Live Scan and will be collected at the time of fingerprinting; if you use the paper fingerprint cards, the \$49.00 fee is payable to the Medical Board. In addition, whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee, which may vary, by the local agency that scans the prints or provides the ink impressions. This is in addition to the fingerprint processing fee (\$49.00) and your application fee.

LICENSE VERIFICATION

If you are now, or have ever been issued a license to practice midwifery or any other affiliated healing arts profession, whether in California, another state, or country, "Certification Letters" must be provided for that license. You are responsible for contacting all jurisdictions to request this verification of licensure. The licensing authority must send the verification directly to the Medical Board of California, Licensing Program, for review and inclusion with your application documentation. Most licensing authorities may require a nominal fee for this service.

OFFICIAL TRANSLATIONS

Official translations are required for all documents that are not in English. Translations may be obtained using a translation service, U.S. Consulate Office, language department of a college/university, or by a court certified translator. All translations must appear on official letterhead of the person or entity that provided the translation.

ADDRESS OF RECORD

California law requires that the Medical Board provide, upon written or verbal request, an address for each licensed practitioner. The availability of this information to the public highlights the need for midwives to carefully consider the address provided to the Medical Board, as the address of record. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be used to mail all license, renewal notices, and other official correspondence from the Medical Board. You may choose your home address or your office address as your address of record. Other options you may wish to consider are:

1. You may provide a Post Office Box address that will be listed as “public information”; however, you must also provide a “street address” that will be considered your “confidential address”. The confidential address will not be released or used by the Board for mailing or notification purposes. California law requires all licensees to provide a street address in addition to a post office box address.
2. You may provide another address, e.g., employer’s address, office location, billing address, friend or relative’s address, as your address of record. However, you must assure that you receive the proper and advance permissions for the use of an address other than your own.

Once you have determined your address of record, please indicate this on your application form in the spaces provided. Additionally, you are personally responsible for notifying the Medical Board, in writing, using the forms provided on the Medical Board website, of any future address changes.

It is the applicant’s personal responsibility to assure that all supporting documents are provided to the Medical Board of California, Licensing Program, for the evaluation of all qualifications for licensure.

FEES

All licensing application fees are non-refundable and should be made payable to the Medical Board of California. Either money orders, cashiers’ or personal checks are acceptable.

- (a) Licensing application fee of \$300.00, payable at the time of submitting an application for midwifery licensure. This fee is non-refundable;
- (b) Fingerprint processing fee of \$49.00. This fee is necessary for processing fingerprint cards through the Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI). If you use Live Scan, this fee will be paid directly to Live Scan at the time of fingerprinting. If you are using paper fingerprint cards, the \$49.00 processing fee should be payable to the Medical Board.
- (c) Licensing renewal fee of \$200.00, payable at the time that licensing renewal and documentation is due; and
- (d) Delinquency fee for license renewal is an additional \$50.00, when applicable.

OBTAINING INITIAL LICENSURE DURING BIRTH MONTH

California licensing regulations specify that the initial license to practice midwifery “...shall expire at 12 midnight on the last day of the birth month of the license during the second year of a two-year term, if not renewed.” Applicants are reminded that there is no “grace period”. In order to enjoy the full 24-month (2-year) validity of your initial license, the benefit would be to apply prior to your birth month.

Example: If your birth month is November and your license is granted in November, your license would be valid for 24 months. However, if your license is granted in October, instead of November, your license would be valid for only 13 months.

If you wish, you may submit your application prior to your birth month in order to allow time for the review process. However, you must submit a written personal statement requesting that your license be issued during your birth month. If your application does not contain deficiencies, your license will be issued in your birth month. Otherwise, your license may automatically be granted as soon as it is determined that your application file is complete and you are eligible for licensure. This expiration date cannot be modified during future renewal periods.

CRIMINAL RECORD HISTORY

This reference and applicant guidance is made regarding questions #15-#17, of the Application for California Midwifery License. This also includes citations, infractions, misdemeanors/felonies, etc. If your response is “YES” to ANY question, attach a list of each offense by arrest and conviction dates, violation (charge), and court of jurisdiction (name and address).

Matters in which you were diverted, deferred, pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 **MUST** be disclosed. If you are awaiting judgment and sentencing following entry into a plea or jury verdict, you **MUST** disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol/drugs, hit and run, evading a police officer, failure to appear, driving while the license is suspended or revoked **MUST** be reported. This list is not all-inclusive or exhaustive. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application.

For each conviction disclosed, you must request certified copies from the arresting agency, and certified copies of the court documents; which are to be sent from the arresting agency/court directly to the Board. Also, a signed and dated descriptive explanation of the circumstances surrounding the conviction of the disciplinary action (e.g., dates and location of the incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by the arresting agency/court, a letter of explanation from these agencies is required and must be sent from the agency/court directly to the Board.

Applicants who answer “NO” to the question(s), but have a previous conviction or plea, may have their application denied or license revoked for knowingly falsifying the application.

RENEWAL OF MIDWIFERY LICENSE

Midwifery licenses must be renewed no later than the expiration date, every two years. Renewal applicants must submit the following:

- (a) Renewal application normally mailed to your “address of record” within 4 months of the expiration date;
- (b) Money order, cashiers’ check, or personal check for the \$200.00 renewal fee, made payable to the Medical Board of California; and
- (c) Certification of completion of thirty- six (36) hours of approved continuing education (CE).

Failure to comply with all of the requirements listed above may delay renewal. Each license not renewed by the expiration date will expire. This means that a “grace period” does not apply in the Licensed Midwifery Program. In order to renew a delinquent license, the renewal applicant must submit the following:

- (a) Renewal application;
- (b) Money order, cashiers’ check, or personal check for the \$200.00 renewal fee for each renewal cycle;
- (c) Delinquency fee of \$50.00; and
- (d) Certification of completion of thirty-six (36) hours of continuing education for each renewal period, including any portion beyond the two-year renewal period.

For example: An applicant who inadvertently missed two renewal periods (four years) would be responsible for the following fees:

- (1) \$200 for each renewal cycle = \$200 X 2 (or four years) = \$400 in renewal fees;
- (2) \$50 for the delinquency fee = \$50 X 1st delinquency = \$ 50 in delinquency fees;
- (3) 72 continuing education hours (documented from an approved provider)

REINSTATEMENT OF MIDWIFERY LICENSE

An expired license may be reinstated within five years from its expiration date upon payment of the required fees (renewal and delinquency), certification of completion of the required number of delinquent continuing education hours, and upon submission of such proof of applicant's qualifications as the Medical Board may require.

TRANSFER OF PLANNED OUT-OF-HOSPITAL DELIVERY TO HOSPITAL REPORTING FORM

Business and Professions Code section 2010 requires a hospital to report each transfer by a licensed midwife of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative. To view or download this form please visit the following web address:

http://www.mbc.ca.gov/Forms/Licensees/midwives_out-of-hospital_delivery.pdf

LICENSED MIDWIFE ANNUAL REPORTING FORM (LMAR)

Business and Profession Code section 2516 requires the Licensed Midwife to report annually the previous year's services provided in California no later than March 30. This information is reported to Office of Statewide Health Planning and Development (OSHPD). Please visit the Board website for more information at

<http://www.mbc.ca.gov/Licensees/Midwives/>.

Please note: If the Board does not receive your annual report by March 30, a hold will be placed on your renewal.



MEDICAL BOARD OF CALIFORNIA

Licensing Program

APPLICATION FOR CALIFORNIA MIDWIFE LICENSE

Instructions: Please READ all accompanying instructions and preparation checklist prior to completing this application. ALL questions contained in this application MUST be answered and ALL supporting documentation MUST be submitted along with this application. Please type or print neatly. If the space provided in this application is not adequate, attach additional sheets of paper for your responses.

1.	Name	Last	First	Middle
2.	Other names or aliases you have used (Include maiden name);			
3.	Public Mailing Address: (Address of Record – Include Apt #, if any, City, State, and Zip Code)			
4.	Telephone Numbers (Include Area Code)	Home ()	Work ()	Cell (If available) ()
5.	Social Security Number ____ _	6. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		7. Date of Birth: (Month/Date/Year)
8.	Method of Applying (Check One (1) Only) <input type="checkbox"/> 3-Year Midwifery Program (Board-approved MW School) <input type="checkbox"/> Challenge Mechanism (Credit-by-examination) (Board-approved Challenge Mechanism) <input type="checkbox"/> Reciprocity (Applies ONLY to Florida and Washington State licensed Applicants)			
9.	Additional Academic Information: List names and addresses of colleges/universities attended and provide official transcripts:			
	NAME	ADDRESS	DATES OF ATTENDANCE (From: - To:)	
10.	If you have completed an approved 3-Year Midwifery Education Program or Nurse-Midwife Program accredited by the Midwifery Education Accreditation Council (MEAC) or the American Midwifery Certification Board (AMCB), formerly ACNM/DOA, list the name and address of the program and provide official transcripts and an official copy of your diploma. Official copies of diplomas must bear the school seal and the dean or Registrar's signature. Transcripts must be sent by the institution that conferred the document/diploma/certificate.			
	NAME	ADDRESS	DATES OF ATTENDANCE (From: - To:)	
11.	Challenge Mechanism Applicants: Must provide official copies of exam scores (both written and clinical skills assessment) and Certificate of Satisfactory Completion of Challenge Program. Applicant should request that these documents be prepared and forwarded to the Medical Board/Division of Licensing, by the approved Challenge Program.			
12.	NARM Written Examination Scores: _____ (The official examination scores should be forwarded directly to our office from NARM)			
13.	Have you ever been licensed to practice midwifery or any other healing art in another state/country? If YES, list state/country issuing authority, license number, date issued and date of expiration in each issuing agency's jurisdiction. Submit a Letter of Good Standing (LGS) from each state in which you are or have held a license. <input type="checkbox"/> Yes <input type="checkbox"/> No			
14.	State or Country	License Number	Date of Issuance	Date of Expiration
APPLICANT ADVISORY: For any affirmative response to the questions on the next page of this application, please provide official documentation regarding the matter, in addition to written explanations. If applicable, an applicant should also provide official hearing/court documents. Applicants are also required to report any matter that is "Pending" or in which charges have been dropped or expunged.				

15. Have you ever been charged with, or been found to have committed of unprofessional conduct, incompetence, gross negligence, or repeated negligent acts by any other licensing jurisdiction, surrendered a license with charges pending, or have any disciplinary action ever filed or taken regarding any healing arts license which you now hold or have ever held, or is any such action pending? Yes No
16. Have you ever been denied a license, permission to practice midwifery, or any other healing art in this or any other state, or is any such action pending? Yes No
17. Have you ever been convicted of or pled *nolo contendere* to any violation (including misdemeanors and felonies) of any federal, state, or local law of any state, the United States, or a foreign country, or is any such action pending? If YES, provide details on an additional sheet of paper, referencing this question number. Yes No

PHOTO AREA
(Not to exceed 2" X 3" Here)
PHOTO MUST BE RECENT
(within 12 months)
PHOTO MUST BE OF YOUR
HEAD AND SHOULDER AREA
ONLY

PROOF/NEGATIVE/DIGITAL,
SCANNED, ALTERED, OR
POLAROID PHOTOS ARE
NOT ACCEPTABLE

PHOTO DELCLARATION

I HEREBY DECLARE, UNDER PENALTY OF PERGURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE PHOTO OF MYSELF ATTACHED HERETO, WAS TAKEN ON OR ABOUT _____, _____; My age then being _____ years;
 My color of hair _____;
 My color of eyes _____;
 My height _____ ft. _____ inches
 My weight _____ lbs (pounds)

And Identifying Marks Are: _____

 (Applicant Signature)

NOTICE: ALL ITEMS IN THIS APPLICATION ARE MANDATORY, NONE ARE VOLUNTARY. Failure to provide any of the requested information may result in a delay in processing, or the application may be rejected as incomplete. The information provided will be used to verify and identify the applicant per Section 118 and 2081 of the Business & Professions Code. Applicant's have the right to review their application, subject to the provisions of the Information Practices Act. The Chief, Division of Licensing, is the Custodian of Records. Disclosure of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is MANDATORY. Section 30 of the Business & Professions Code and Public Law 94.445, (42 USC 405 (c) (2) (C) authorizes the collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

APPLICANT DECLARATION, SIGNATURE & NOTARY

State of _____
 County of _____

The applicant, _____, being first duly sworn upon his/her oath, disposes and says, that I am the person herein named and subscribing to this application; that I have read the complete application, know the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; were not procured with fraud or misrepresentation or any mistake of which the applicant is aware. Further, I hereby authorize all institutions or organizations, my references, and all government agencies (local, state, federal or foreign) to release to the Medical Board of California or its successors any information, files or records required by that Board in connection with this application; or my ability to safely engage in the practice of midwifery. I further authorize the Medical Board of California or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure. **I FURTHER UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE, IF ISSUED.**

Signature of Applicant _____

Subscribed and sworn (or affirmed) before me on this _____ day of _____, 20____.by _____,
 personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL
 HERE

 SIGNATURE OF NOTARY PUBLIC



MEDICAL BOARD OF CALIFORNIA

Licensing Operations

CERTIFICATE OF MIDWIFERY EDUCATION

The undersigned certifies under penalty of perjury that the records of this institution show that

FULL NAME OF APPLICANT

_____/_____/_____, _____
U.S. Social Security Number DATE OF BIRTH – MM/DD/YYYY

successfully completed a midwifery education program accredited by an accrediting organization approved by the Board, which meets the requirements of Business and Professions Code section 2512.5 and Title 16, California Code of Regulations section 1379.30 (copies of which are attached), and that the applicant was granted the midwifery diploma at the below mentioned midwifery school on the _____ day of _____, _____.
MONTH YEAR

NAME OF THE MIDWIFERY SCHOOL

FULL ADDRESS

MIDWIFERY SCHOOL
SEAL
MUST BE IMPRINTED
BELOW

ATTENTION MIDWIFERY SCHOOL: The person who signs this form MAY NOT be related to the applicant.

Only the president, dean, or registrar may sign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

By _____
PRESIDENT, DEAN, OR REGISTRAR

Signed and the school seal affixed this _____ day of

_____, _____
MONTH YEAR

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MEDICAL BOARD OF CALIFORNIA

Licensing Program



Alternative to Paper Fingerprint Cards

The California Department of Justice (DOJ) provides an automated service for criminal history background checks. This service is called Live Scan, which is a digitized electronic fingerprinting system, using automated background check and response technology. This system significantly expedites the fingerprint clearance process. Criminal history background checks is a condition of licensing and required by the Medical Board of California.

Fingerprint clearances from both the Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI) must be received prior to the issuance of a midwifery license in California. Applicants must be aware that if you have ever been convicted of a misdemeanor or a felony, the record of conviction will be reported to the Medical Board as a result of your fingerprint inquiry.

Applicants who reside in California must complete the electronic Live Scan fingerprint process and complete the attached "Request for Live Scan Service Form". Live Scan processing will allow for both California DOJ and FBI fingerprint clearances within days, in most cases, versus the weeks necessary to process traditional fingerprint cards. Alternatively, applicants residing outside of California may choose this option if visiting the state. California does not have Live Scan links to any other states. For information regarding Live Scan locations, to include hours of operation, and local agency fees use the following website:

<http://www.caag.state.ca.us/fingerprints/publications/contact.htm>

The Request for Live Scan Service Form is included in your Application Packet and must be completed legibly prior to your appointment for fingerprint processing or at the Live Scan location. Assure that all personal data is completed, e.g., name, AKAs (aliases), date of birth, sex, height, weight, color of eyes, hair, place of birth (POB), social security number, California driver's license number and home address. The last section of the form requires information from the fingerprint agency. Please assure that this information is completed or the forms will be void. Once fingerprinting is completed and other components of the application is ready for mailing, make sure you include the "2nd copy of the three-page Live Scan Request Form" with your application submission. The results of the Live Scan request are generally received within 3-10 days. It is the responsibility of the applicant to ensure that the person rolling the fingerprints submits two (2) digital prints; one for the DOJ and one for the FBI.

Applicants, who are not located near a Live Scan processing point or reside outside of California, may submit hard copy fingerprint cards for processing. Please contact the Division of Licensing, Midwifery Analyst to obtain the appropriate fingerprint cards. Two cards will be needed; one to process through DOJ and one for the FBI. When you receive the cards, assure all required information is completed. Failure to do so will hamper, if not delay processing. The results of these fingerprint inquiries will take substantially longer.

There is a \$49 processing fee to perform the background check. If you are using Live Scan, the fee will be paid directly to Live Scan. If you are using paper fingerprint cards, the \$49 fee is payable to the Medical Board. Whether you use the Live Scan process or fingerprint cards, you can expect to be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This fee is in addition to the \$49 fingerprint processing fee. For additional information concerning the fingerprint clearance process, please refer to the website address provided above.

By virtue of their healthcare professions, applicants are prone to wash and scrub their hands more often than other professions; images of the fingerprints are often difficult to read. This could potentially lead to the rejection of the prints and reprints will be needed. In these instances, please advise the technician processing the prints to exercise care and verify that "clear, unblemished or smudged" impressions have been made.

Applicants must submit the "Second Copy" of the Live Scan Request Form with the application to document that Live Scan processing has been completed. Retain the 3rd copy for your personal files.



MEDICAL BOARD OF CALIFORNIA Licensing Program



LICENSED MIDWIFE LIVE SCAN INFORMATION

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

• **CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES** •

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.** Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, social security number, California driver's license number and home address) is provided on *each of the three forms*. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.**

Applicants can access the Web site, <http://ag.ca.gov/fingerprints/publications/contact.htm> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that Web site. **After completing the Live Scan process, applicants must submit ONE of the THREE pages with the initial application (Forms L1A-L1E) to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

If you do not reside in California, you have the option of completing the paper fingerprint cards. You may contact the Board's Consumer Information Unit at (916) 263-2382 to request the paper fingerprint cards. The results of paper fingerprint cards are generally received within twelve 12 weeks.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This is in addition to the fingerprint processing fee that must be paid to the Medical Board of California with your application. For information about the fingerprint clearance process and time frames, please see:

<http://ag.ca.gov/consumers/morefaqs.php>

Because applicants from the medical professions must be concerned with sanitary issues, they wash and scrub their hands so much that images of their fingerprints are often difficult to read. When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

FINGERPRINT CLEARANCES FROM BOTH THE DOJ AND THE FBI MUST BE RECEIVED PRIOR TO THE ISSUANCE OF A PHYSICIAN'S AND SURGEON'S MEDICAL LICENSE IN CALIFORNIA

If you have ever been convicted of a misdemeanor or felony,
the record of conviction will be reported to the Board as a result of your fingerprint inquiry.

Revised 8/2013

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Misc. No. **BIL - APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Misc. No: _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

() Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

Alias: _____ Driver's License No.: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL - APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five digit code assigned by DOJ) _____
Street No. _____ Street or P.O. Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ Contact Telephone No. _____

Name of Applicant: _____
(Please Print) Last First MI

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Misc. No. **BIL - APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Misc. No: _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

City, State and Zip Code _____

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____
Street No. _____ Street or P.O. Box _____ Mail Code (five digit code assigned by DOJ) _____
City _____ State _____ Zip Code _____ () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____