



MEDICAL BOARD OF CALIFORNIA

Licensing Program



January 11, 2016

Midwifery Advisory Council Vacancies

Deadline for Applicant Submissions: February 10, 2016

ATTENTION: ALL INTERESTED PARTIES

The Medical Board of California (Board) is seeking applications from licensees and interested parties for three positions on the Midwifery Advisory Council (MAC). The positions are available based upon the expired terms of one licensed midwife, one physician and surgeon, and one public member.

- The vacant licensed midwife position is for a three-year term that will run through June 30, 2019.
- The vacant physician and surgeon position is for a three-year term that will run through June 30, 2019.
- The vacant public member position is to be filled by a non-licensee of the Board for a three-year term that will run through June 30, 2019.

The Board is seeking qualified individuals who have demonstrated interest in serving on the MAC. The applicants chosen by the MAC at its March 10, 2016 meeting are subject to approval by the Board at its May 5- 6, 2016 quarterly meeting. Service is voluntary. Acceptance of a position on the MAC will require future time commitments, including attendance at a minimum of three meetings per year in Sacramento. This is an unpaid position; however, travel expenses will be reimbursed.

The MAC was established in 2007 to represent licensees and bring forward the interests of the midwifery community, including physicians, clients, and the public, in a forum to discuss issues and provide advice and recommendations to the Board.

If you are interested in serving on the MAC, please complete a Member Interest Form and return by fax to (916) 263-8936 or mail the form no later than Friday, February 10, 2016, with your attachments, to:

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Attn: Midwifery Program

If you have any questions concerning the above announcement, please contact AnnaMarie Sewell at (916) 263-2393 or by email at annamarie.sewell@mbc.ca.gov.

Sincerely,

Natalie Lowe
Licensing Program Manager
Medical Board of California

**MEDICAL BOARD OF CALIFORNIA
Midwifery Program**

Midwifery Advisory Council Member Interest Form

Expectations of Membership: The Midwifery Advisory Council (MAC) members volunteer to serve and attend all MAC meetings for up to a three-year term. Duties and responsibilities include those specified by the Medical Board of California (Board) members, Board staff, or designees. This interest form has been developed to solicit volunteers who will serve on the MAC, which is an advisory council that shall make recommendations to the Board on matters specified by the Board. The MAC represents the midwifery community and the organizations/associations that represent licensed midwives in the State of California. The MAC also includes public member representatives who have an interest in midwifery, but are not licensed midwives. To be considered for appointment, please mail, email, or fax your MAC Member Interest Form no later than **February 10, 2016** to:

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

If you have any questions please contact AnnaMarie Sewell at (916) 263-2393.

Name: _____
(Please Print legibly - Last, First, Middle Initial)

Address: _____
Street Suite/Apartment # City State Zip Code

Phone: (____) _____ (____) _____ (____) _____
Daytime Evening FAX

Email Address (if applicable): _____

Are you a California Licensed Midwife?: YES NO *(Check only one)* License Number: LM # _____

Are you a California Licensed Physician?: YES NO *(Check only one)* License Number: _____
If yes, are you currently practicing as an obstetrician/gynecologist? YES NO *(Check only one)*

Organization/Association being represented: _____
(If volunteering as a non-licensee "public member" please insert the word "SELF – PUBLIC Interest")

Position within the Organization/Association: _____
(Board member, executive, or member)

Do you have a prepared Resume or List of Qualifications available? Yes No
(Please attach Resume or List of Qualifications to this form)

What is your interest in midwifery practice and home births? _____
(Attach additional comments if more space is needed)

(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 returned no later than February 10, 2016.