



MEDICAL BOARD OF CALIFORNIA
Licensing Program



June 19, 2013

Midwifery Advisory Council Vacancy
Deadline for Applicant Submissions: July 20, 2013

Deadline extended until July 30, 2013
Submissions may be sent electronically to
Susan.Morrish@mbc.ca.gov

ATTENTION: ALL INTERESTED PARTIES

The Medical Board of California (Board) is seeking applications from midwifery licensees for one position on the Midwifery Advisory Council (MAC). The position is available based upon the expired term of one licensed midwife.

The vacant licensed midwife position will be for a three year term that will run through October 2016.

The Board is seeking a qualified licensed midwife who is interested in serving on the MAC. The applicant chosen by the MAC at its August 8, 2013 meeting will be subject to approval by the Board at its October 24-25, 2013 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 midwifery 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) 263-2487 or by mail to:

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

All Member Interest forms must be received by July 20, 2013 to be considered. If you have any questions concerning this announcement, please contact Susan Morrish at (916) 263-2393 or by email at susan.morrish@mbc.ca.gov.

Sincerely,

Curtis J. Worden
Chief of Licensing

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 Midwifery Advisory Council, which is an advisory council that shall make recommendations to the Medical Board of California 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 Council also includes public member representatives who have an interest in midwifery, but are not licensed midwives. To be considered for appointment, please mail, e-mail, or fax your Interest Form by **July 20, 2013** to:

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

If you have any questions please contact Susan Morrish at (916) 263-2393.

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

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

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

E-Mail 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 anon-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 Midwifery Advisory Council. This information will be reviewed by the Board staff and members of the Board and/or Midwifery Committee. This form will be retained in the files of the Licensing Program. This position is voluntary and will require future time commitments. This form and attachments must be returned no later than July 20, 2013.

