

NOMINATIONS TO FILL MIDWIFERY ADVISORY COUNCIL TERMED POSITIONS

Applications for Licensed Midwife Position
Diane Holzer
Tanya Khemet
Joyce Moxley Thomas
Carrie Sparrevohn

Applications for Public Member Position
Frank Cuny
Suchada Eickemeyer
Jamie Thayer
Barbara Yaroslavsky



MEDICAL BOARD OF CALIFORNIA

Licensing Program



Midwifery Advisory Council Vacancies

Deadline for Applicant Submissions: March 30, 2011

ATTENTION: ALL INTERESTED PARTIES

The Medical Board of California is seeking applications from interested parties for two positions on the Midwifery Advisory Council (MAC). These three-year term positions are available based upon expiration of two member terms set to expire in 2011. One position is for a Licensed Midwife and the other position is for a public member. The Board is seeking qualified individuals who have demonstrated interest in serving on the MAC. Service is voluntary acceptance of a position on the MAC and requires future time commitments, including attendance at a minimum of four meetings per year.

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 at (916) 263-2387** OR mail the form no later than March 30, 2011, with your attachments, to:

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

If you have any questions concerning the above announcement, please contact Cheryl Thompson at (916) 263-2393 or by e-mail at cheryl.thompson@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 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 the midwifery community, but are not licensed midwives. To be considered for appointment, please mail or fax your Interest Form **by March 30, 2011** to:

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Attention: Cheryl Thompson / Midwifery Program
FAX: (916) 263-2387

If you have any questions please contact Cheryl Thompson 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 # _____

Organization/Association being represented: _____
(If volunteering as a "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 Operations Section. This position is voluntary and will require future time commitments. This form and attachments must be returned no later than March 30, 2011.

Midwifery Advisory Council Reappointment Schedule

Name	Initial Term*	Current Term
Barbara Yaroslavsky	1 Year	2008-2011
Carrie Sparrevohn, L.M.	1 Year	2008-2011
Karen Ehrlich, L.M.	2 Years	2009-2012
Dr. William Frumovitz		2009-2012
Faith Gibson, L.M.	3 Years	2010-2013
Dr. Ruth Haskins	3 Years	2010 -2013
Dr. Guillermo Valenzuela	2 Years	2007-2009/Expired

*All terms after the initial term are for a period of (3) three years.