



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
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www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

June 25, 2020

Midwifery Advisory Council Vacancy

Deadline Date for Applicant Submissions July 27, 2020

ATTENTION: ALL INTERESTED PARTIES

The Medical Board of California (Board) is seeking applications from interested parties for one position on the Midwifery Advisory Council (MAC). The vacant position is for a three-year term that will run through June 30, 2023.

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.

The Board is seeking qualified individuals who have demonstrated interest in serving on the MAC. The applicant chosen by the MAC at its August 20, 2020 meeting is subject to approval by the Board at its November 12-13, 2020 quarterly meeting. Please be advised, you have the option to be present and come before the MAC at the August 20, 2020 meeting to show your interest in being chosen as a member of the MAC. Acceptance of a position on the MAC is voluntary and will require future time commitments, including attendance at a minimum of three meetings per year in Sacramento. This is an unpaid position; however, authorized travel expenses will be reimbursed.

If you are interested in serving on the MAC, please complete a Midwifery Advisory Council Member Application located at www.mbc.ca.gov and submit to the Board either by fax to (916) 263-8936, email to tonya.morairty@mbc.ca.gov or mail the form no later than July 27, 2020, with your attachments, to: **Medical Board of California, Attn: Midwifery Program**

If you have any questions concerning this announcement, please contact Tonya Morairty at (916) 263-2393 or by email at tonya.morairty@mbc.ca.gov.

Sincerely,

Lisa Toof
Licensing Program Manager

**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 **February 24, 2020** 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):	
	Name	Dates of Membership		
	Name	Dates of Membership		
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 February 24, 2020 to be considered.