



Application For Midwifery Licensure Information & Checklist

INTRODUCTION

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 (Board), Licensed Midwife 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.

California laws are very specific regarding the Licensed Midwife 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.

METHOD OF APPLYING

➤ There are only three pathways to licensure in California:

- 1) **Education:** Successful completion of a three-year postsecondary education program in an accredited midwifery school that the 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 Board, or show current licensure as a midwife by a state with equivalent licensing standards, as determined by the Board.

- OR -

- 2) **Challenge Mechanism:** As defined in statute, the Challenge Mechanism is an approved midwifery education program that 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, the National Midwifery Institute, Inc. (NMI) Bristol, Vermont, operates the only Board-approved Challenge Mechanism Program for purposes of licensure. Upon successful completion of a Challenge Mechanism Program, the applicant must successfully complete a comprehensive licensing examination adopted by the Board. For additional information regarding the California Challenge Mechanism, please contact the National Midwifery Institute, Inc. at (802) 453-3332 or (415) 248-1671, or their website at:

<http://www.nationalmidwiferyinstitute.com>.

- OR -

- 3) **Reciprocity:** (Applies ONLY to Florida and Washington State licensed Applicants)

➤ The comprehensive licensing examination developed by the North American Registry of Midwives (NARM), was adopted by the 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.

GENERAL INFORMATION

- **Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN):** Disclosure of a United States SSN or an ITIN is mandatory prior to the issuance of a license. Section 30 of the Business and Professions Code authorizes collection of an SSN or ITIN. Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.
- **Fingerprints:** Fingerprint clearances from both the DOJ and the FBI must be received before 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.

Applicants residing outside of California may choose this option if visiting the state. Visit 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 Board's Licensed Midwife Program to request paper fingerprint cards be mailed to you. Bring the fingerprint cards to your local police department or other law enforcement agency or Department of Motor Vehicles to complete the fingerprint processing. 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 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.

- **Priority Review and Expedited Licensure:**

Active-Duty Member of the United States Armed Forces and enrolled in the US Department of Defense SkillBridge Program

The Board is required to expedite the initial licensure process if you are an active-duty member of the United States Armed Forces and are enrolled in the US Department of Defense SkillBridge program. ([BPC section 115.4](#)).

To expedite the licensure/registration process, submit the following with your application:

- Proof of enrollment in the US Department of Defense SkillBridge program, such as a signed and dated letter from your commanding officer.

Honorably Discharged Veterans of the United States Armed Forces

The Medical Board of California (Board) is required to expedite the licensure process if you have served as active-duty members of the Armed Forces of the United States and were honorably discharged. ([BPC section 115.4](#))

For an applicant's license to be expedited, the applicant must:

- Submit his or her official orders issued by the Armed Forces of the United States indicating that he or she has been, or will be, honorably discharged.

Spouse or Domestic Partner of an Active-Duty Member of the United States Armed Forces

The Board is required to expedite the licensure/registration process for spouses and domestic partners of those on active duty in the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders. ([BPC section 115.5](#))

For an applicant's license to be expedited, the applicant must:

- Submit evidence that they 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 orders, and;
- Hold a current license/registration in another state, district or territory of the United States in the profession or vocation for which the applicant is seeking a license/registration.

GENERAL INFORMATION *(Continued)*

➤ **Priority Review and Expedited Licensure:** *(Continued)*

Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

BPC section 135.4 provides that the Board must expedite, and may assist, the initial licensure process for certain applicants described below. To have the application expedited, one of the following statements must apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status *(Continued)*

Satisfactory evidence must be provided in order to expedite your application. Failure to do so may result in application review delays. The following may be accepted as satisfactory evidence:

- Form I-94, Arrival/Departure Record, with an admission class code, such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the “SI” or “SQ.”
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

- **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 Board from the educational institution that offers an approved California Challenge Mechanism Program.
- **License Verification:** If you currently hold or have ever held a license to practice midwifery or any other affiliated healing arts profession in California, another state, or another country, you must request a “License Verification” 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 Board, 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 the English language. 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.
- **Name Changes:** If you changed 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 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.”

GENERAL INFORMATION *(continued)*

- **Fees:** All licensing application fees are non-refundable and should be made payable to the “Medical Board of California” by either money order, cashiers’ or personal check.
- (a) Licensing application fee of \$450.00, 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 of California.”
 - (c) Licensing renewal fee of \$300.00, 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.

RENEWAL OF MIDWIFERY LICENSE

Midwifery licenses must be renewed no later than the expiration date, every two years. The Board will send you an email notification to renew your license online 180 days prior to your license expiration date. If you have not renewed your license within 120 days, the Board will mail the paper Renewal Notice to your Address of Record (AOR). You may renew your license online by visiting BreZE or by submitting your renewal notice and payment by mail to the Board. Renewal applicants must submit the following:

- (a) Renewal application;
- (b) Renewal fee of \$300.00; 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 be delinquent. There is no “grace period.” You may not practice with a delinquent license. In order to renew a delinquent license, the renewal applicant must submit the following:

- (a) Renewal application;
- (b) Renewal fee of \$300.00 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) \$300 for each renewal cycle = $\$300 \times 2$ (four years) = \$600 in renewal fees.
- (2) \$50 for the delinquency fee = $\$50 \times 1$ st delinquency = \$50 in delinquency fees.
- (3) Continuing education hours = 36×2 (four years) = 72 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 Board may require.

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

Business and Professions Code section 2510 requires a hospital to report each transfer by a licensed midwife of a planned out-of-hospital birth to the Board and the California Maternal Quality Care Collaborative. To view or download this form, please visit the following web address:

<https://www.mbc.ca.gov/Download/Forms/out-of-hospital-delivery-mw.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 the Department of Health Care Access and Information (HCAI). Please visit the Board’s website for more information at:

<https://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.

APPLICATION CHECKLIST

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.

- ☐ Enclose \$450 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.

- ☐ License Verification (if applicable): Refer to enclosed “General Information.” Some institutions may require additional fees for service.

- ☐ Original documentation: Includes transcripts, NARM examination scores, license verifications, diplomas, certificates, and CHALLENGE documentation, must be mailed from the institution, NOT by the applicant.

- ☐ Select Method of Applying: 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.

- ☐ Questions 2 – 5 if your response is “yes”:

- ☐ Provide a detailed written and personal explanation of the circumstances on an additional sheet(s) of paper.

- ☐ Attach supporting documentation, if applicable.

- ☐ Understand, by acknowledgement, the “Penalty of Perjury” Statement prior to affixing your signature to the Application.

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
Application For Midwifery Licensure

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

PRIORITY REVIEW AND EXPEDITED LICENSURE

MBC USE ONLY

Satisfactory evidence must be provided with your application. See License Information & Checklist for details.

- ☐ **Active-Duty Member of the United States Armed Forces and enrolled in the US Department of Defense SkillBridge Program**
- ☐ **Honorably Discharged Veterans of the United States Armed Forces**
- ☐ **Temporary License for Spouse of Active-Duty Member of the United States Armed Forces**
- ☐ **Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status**

Priority
Review

☐

PERSONAL INFORMATION

Legal Name

Full Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal
Name

☐

Other Names/Alias (Include maiden name)

Date Of Birth

(mm/dd/yyyy)

DOB

☐

SSN/ITIN

☐

- ☐ **Social Security Number or**
- ☐ **Individual Taxpayer Identification Number**

- Gender** ☐ **Female**
- ☐ **Male**
- ☐ **Non-Binary**

Gender

☐

Telephone Numbers
(Include area code)

Primary	Cell	Work
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone

☐

Email Address (Required)

Email

☐

Address Of Record This address will be used for all current correspondence during the review process and will be posted on the Board's website upon issuance of a license. If you are using a P.O. Box, you are also required to list a confidential street address.

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AOR

☐

Confidential Address Only required if Address of Record is a P.O. Box

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Conf.
Address

☐

METHOD OF APPLYING (Check One)

- ☐ **3-Year Midwifery Program**
(Board-approved MW School)
- ☐ **Challenge Mechanism** (Credit-by-examination) [Board-approved Challenge Mechanism]
- ☐ **Reciprocity** (Applies ONLY to Florida and Washington State licensed Applicants)

Method

☐

Additional Academic Information:

List names and addresses of colleges/universities attended and provide official transcripts:

Dates of Attendance

Name & Address	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name & Address	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional
Academic
Info

☐

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

If you have completed an approved three 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.

Dates of Attendance

Name & Address	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Name & Address	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

MEAC or
AMCB
☐

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 of California/Licensed Midwife Program, by the approved Challenge Program.

Challenge
Mechanism
Applicants
☐**NARM Written Examination Scores:**

(The official examination scores should be forwarded directly to our office from NARM)

NARM
☐**1. Have you ever been licensed to practice midwifery or any other healing art in another state/country?**☐ Yes ☐ NoOther
Licensure
☐

If YES, list state/country issuing authority, license number, date issued and date of expiration in each issuing agency's jurisdiction. Submit a License Verification from each state in which you are or have held a license.

State or Country	License Number	Dates of Issuance (mm/dd/yyyy)	Date of Expiration (mm/dd/yyyy)

☐☐☐**DISCIPLINARY HISTORY**

NOTE: A "yes" response to question 2-4 requires a signed and dated written explanation, in addition to official documentation regarding the matter.

2. 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☐

3. 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☐

4. Are you a registered sex offender?

☐ Yes ☐ No☐

PRACTICE IMPAIRMENT OR LIMITATIONS

IMPORTANT: The Board recognizes that healthcare providers encounter health conditions, including those involving physical, mental, and substance use disorders, just as their patients and clients do. In addition to providing care for others, the Board encourages and expects its licensees to also seek care for their own health needs and recognizes that doing so is critical to consumer safety and helps sustain California's healthcare workforce.

An affirmative answer to the question below will require the Board to make an individualized assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether you are eligible for registration.

NOTE: A "yes" response to question 5 requires a signed and dated written explanation.

5. Are you currently suffering from any condition that impairs your judgment or otherwise adversely affects your ability to practice midwifery safely, that is, in a competent, ethical, and professional manner? You may answer "No" if you have any condition which does not impair your ability to practice midwifery safely or if you are receiving appropriate treatment for a condition, and due to that treatment, the condition does not impair your ability to practice midwifery safely.

☐ Yes ☐ No

☐

DECLARATION

Full Legal Name (First, Middle, Last, Suffix)

Date of Birth (mm/dd/yyyy)

Applicant
Name & DOB

☐

I, the applicant,

declare 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 declare under penalty of perjury, 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 I am 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.

Applicant
Signature
& Date

☐

SIGN LEGAL NAME: _____ **DATE:** _____



Medical Board of California
Certificate of Midwifery Education

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

APPLICANT INFORMATION

MBC USE ONLY

Legal Name

Full Last Name	First Name	Middle Name	Suffix
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Applicant
Information
○

Date Of Birth

U.S. SSN or ITIN

(mm/dd/yyyy)	(Last 4 digits)
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MIDWIFERY SCHOOL

School Name:

Address:

City	State/Province	Zip/Postal Code	Country

○

MIDWIFERY SCHOOL OFFICIAL CERTIFICATION

Attention Midwifery School: 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.

The person who signs this form MAY NOT be related to the applicant.

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

FULL NAME OF APPLICANT

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 above mentioned midwifery school on the ____ day of _____, _____.

AFFIX MIDWIFERY SCHOOL SEAL

I certify that I am the President, Dean, or Registrar and hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

School Seal
○

PRINTED NAME OF SCHOOL OFFICIAL

TITLE OF SCHOOL OFFICIAL

Signature &
Date
○

SIGNATURE OF SCHOOL OFFICIAL

DATE

Note: The completed form must be submitted directly from the midwifery school to the Board to be acceptable

Form **L12**



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 or Individual Taxpayer Identification 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 website, <https://oag.ca.gov/fingerprints/locations> 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 website. **After completing the Live Scan process, applicants must submit ONE of the THREE forms with the Application For Midwifery Licensure to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

Applicants residing outside of California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. The results of paper fingerprint cards are generally received within six (6) 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 further information about the fingerprint clearance process and time frames, please visit the following website at:

<https://oag.ca.gov/contact/faqs>

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.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Midwifery license.

NOTE: 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.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City

State

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address

Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City

State

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City

State

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City

State

ZIP Code

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Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

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State

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Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)