



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program

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

<p>MIDWIFE APPLICATION TO RESTORE LICENSE TO FULL, ACTIVE STATUS FROM INACTIVE OR RETIRED STATUS</p> <p><i>Please print or type. Illegible applications will be returned.</i></p>	<p>FOR OFFICE USE ONLY</p> <p>Fee Paid: _____ Receipt No.: _____</p> <p>Date Cashiered: _____ Cashier's Intl: _____</p> <p>Date Approved: _____ Date Denied: _____</p> <p>Enforcement Approval: ____ Yes ____ No Date: _____</p> <p>Signature: _____</p>
<p>Name (first, middle, last):</p>	
<p>Address of Record: (current public/mailling address). <i>This is the address that will be displayed on your profile on the Board's website.</i> If listing a PO Box, you also must provide a confidential street address.</p>	
<p>Confidential Street Address:</p>	
<p>Telephone Number:</p>	<p>Email:</p>
<p>Fax Number:</p>	
<p>Current status of your license: (Check one box only.)</p> <p style="text-align: center;"> <input type="checkbox"/> Retirement (see Part 1) <input type="checkbox"/> Inactive (see Part 2) </p>	
<p>California Midwifery License Number:</p>	
<p>Please note the renewal cycle is based upon your date of birth. Those persons choosing to restore a license to active status during the middle of a renewal cycle, depending upon date of birth, may have a renewal period of less than 24 months</p>	
<p>Part 1. RETIRED STATUS. <i>Please provide all information requested below.</i></p>	
<p>Your license must be current at time of application. You are required to submit payment of the current (active license) fee with this application. Please contact the Board for information on fees due.</p>	
<p>You must document completion of 36 hours of continuing education (CE) within the past two years. Documentation certifying compliance with this requirement must be submitted with this application.</p>	
<p>Acceptable documents are letters or certificates of attendance that show completion of CE courses, the name of the provider, the name and date of the course, the number of approved CE hours completed and your name as the participant.</p>	
<p>If necessary, you may need to contact your CE provider to obtain documents verifying your participation. Please send in photocopies of your documents with this application.</p>	

Part 2. INACTIVE STATUS. Please provide all information requested below.

You must document completion of 36 hours of continuing education (CE) within the past two years. Documentation certifying compliance with this requirement must be submitted with this application.

Acceptable documents are letters or certificates of attendance that show completion of CE courses, the name of the provider, the name and date of the course, the number of approved CE hours completed and your name as the participant.

If necessary, you may need to contact your CE provider to obtain documents verifying your participation. Please send in photocopies of your documents with this application.

If your license is delinquent, you are required to submit payment of any accrued renewal fees, a delinquent fee and penalty fee, if applicable with this application. Please contact the Board for information on fees due.

You must disclose, if since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. Do not list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b).

“Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Penal Code section 1000 or 1203.4, including infractions, misdemeanor, and felonies.

You do not need to report a conviction for an infraction with a fine of less than \$300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4.

“License” includes permits, registrations, and certificates. “Discipline” includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A., and its territories, military court or a foreign country?

NO YES

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPORTING DOCUMENTS, IS TRUE AND CORRECT AND THAT I AM LICENSED TO PRACTICE IN THE STATE OF CALIFORNIA.

Applicant's Signature _____

Date _____

All items in this application are mandatory; none is voluntary. This information is requested by the Licensing Program of the Medical Board of California. Failure to provide any of the requested information will result in this application being rejected as incomplete. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Information in this application may be transferred to other governmental and law enforcement agencies.