



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-4980  
Phone: 603-271-2152

**APPLICATION FORM FOR RECERTIFICATION AFTER LAPSE**  
**OF THE CERTIFICATE TO PRACTICE MIDWIFERY**

**I. Personal Information**

Name of Midwife: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**II. License Information**

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Has your license been expired for no more than 3 years immediately preceding this application for recertification, OR have you practiced midwifery in another state regulating the practice of midwifery within the 3 years immediately preceding this application? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed the continuing education required by Mid 405 within the 24 months immediately preceding this application? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you participated at least 6 peer reviews within the 24 months immediately preceding this application? Yes \_\_\_\_\_ No \_\_\_\_\_



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Do you have current certification by the American Heart Association or the American Red Cross in adult cardiopulmonary resuscitation and in infant and child cardiopulmonary resuscitation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have current certification as a provider of neonatal resuscitation who has successfully completed at least one of the courses outlined in Mid 403.04(d)(2)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a crime involving theft or physical or emotional injury to others since you were last certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a mental or physical condition that might prevent you from meeting the requirements of RSA 326-D and the Midwifery Council's administrative rules? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have current arrangements for medical back up to support your midwifery practice? Yes \_\_\_ No \_

Pursuant to Mid 403.04(d)(6), do you have current arrangements for:

Prenatal laboratory testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Newborn metabolic screening? Yes \_\_\_ No \_\_\_\_\_

Any necessary administration of Rh(D) immune globulin? Yes \_\_\_\_\_ No \_\_\_\_\_

Please be sure to attach the documentation required by Mid 403.04(e)(2) that supports your answers to these questions.

### **III. Verification**

The information provided on the recertification application form and the documentation provided to support the recertification application are, to the best of my knowledge and belief, true, accurate, complete and unaltered. I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on the recertification application form is punishable as a misdemeanor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date