APPLICATION FORM: NH MIDWIFERY CERTIFICATION

CATEGORY I: INITIAL APPLICANTS
CATEGORY II: RECIPROCITY APPLICANTS

MIDWIFERY COUNCIL ADDRESS:
Kathryn Cranford, NHCM, ND
203 Pickerel Pond Rd., Laconia, NH 03246
Email: drcranny@gmail.com
TEL (603) 524-9261  FAX (603) 279-8870

Make checks payable to: “Treasurer – State of NH”

CATEGORY I: INITIAL APPLICANTS

_____ Entry-Level
_____ Certified Professional Midwife (CPM) Current_____ Expired_____ 
_____ Certified/Licensed in another state Current_____ Expired_____ 
State:_______________________
_____ Certified/Licensed in another country Current_____ Expired_____ 
_____ Expired NHCM certification
_____ Other (describe:____________________________________)

CATEGORY II: RECIPROCITY APPLICANTS

_____ Currently licensed/certified and has been practicing midwifery in another state for a minimum of 18 months; is a Certified Professional Midwife (CPM); meets the qualifications of Mid 303.01 (a)-(h); meets experiential requirements of Mid 303.03 (a)(1) through (a)(7) and has passed the NARM Written Exam with at least 80% score.
General Information:

All information on the forms must be legibly printed in ink or typed. All sections of the application form shall either be completed or designated as not applicable (N/A). Please read through all sections before completing. Feel free to attach extra sheets of paper for further description, if necessary. Be sure to check your application for completeness before submitting it; an incomplete application will result in a delay in your renewal. The council recommends that you make copies of all materials, for your own records.

Date of Application: ____________________________

1) Identifying Information:

Legal Name: ____________________________
Date of Birth: ____________________________
Social Security Number: ____________________________
Residence Address: ____________________________
__________________________________________

Residence Phone Number: ____________________________

Work Address:
__________________________________________

Work Phone Number: ____________________________

Best number to use to reach you during daytime hours: ____________________________
Email address: ____________________________

2) Statement expressing intent to engage in the active practice of midwifery in the state:

__________________________________________

__________________________________________

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__________________________________________
3) **Education:**

<table>
<thead>
<tr>
<th>Name and Address of High School Attended:</th>
<th>Dates of Graduation:</th>
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<tbody>
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If not a high school graduate, date of GED completion: ____________________________

**College-Level Course in Anatomy & Physiology:**

<table>
<thead>
<tr>
<th>Name and Address of Course Location:</th>
<th>Dates Completed:</th>
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**List of colleges/universities attended (if applicable):**

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<tr>
<th>Dates of attendance:</th>
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**List of midwifery schools attended (if applicable):**

<table>
<thead>
<tr>
<th>Dates of attendance:</th>
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<td></td>
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</table>
4) Written Description of Midwifery/Professional Training:
Include a written statement describing any part of your professional background which is relevant to the practice of midwifery, including specific dates of training and/or preceptorship, where, and with what school or practice. You may include any relevant professional experience outside New Hampshire or the U.S. Also include any training or experiences in the fields of newborn or maternal care, such as obstetric or pediatric nursing, childbirth education, work as a doula, emergency technician, etc.

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5) Certifications/Licenses:
a. List of midwifery certifications, licenses, registrations, or other permits to practice midwifery held by the applicant currently or in the past (if applicable):

<table>
<thead>
<tr>
<th>State, Country, or organization of Issuance:</th>
<th>Dates of Issuance &amp; Expiration:</th>
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</table>
b. List of all certifications, licenses, registrations, or other permits to practice in a health or healing field other than midwifery (if applicable):

State or Country of Issuance:


6) Disclosures:
Disclosures of the following information, the relative seriousness of which shall be used to evaluate the fitness of the applicant to practice midwifery pursuant to Mid 303.01(f):

Yes  
No  
(Please check the appropriate column next to each statement)

___  ___  (a) Whether any malpractice claim has been made against the applicant within the last 6 years, regardless of whether a lawsuit was filed in relation to the claim;

___  ___  (b) Whether the applicant has ever been denied a midwifery certificate, license, registration or permit to practice midwifery for any reason;

___  ___  (c) Whether the applicant’s employment or appointment in a hospital, clinic, or other health care facility was ever suspended;

___  ___  (d) Whether the applicant has ever resigned from employment or appointment in a hospital, clinic or other health care facility in lieu of being subjected to disciplinary action;

___  ___  (e) Whether there are pending against the applicant any disciplinary charges before any licensing authority, medical council, health care facility or professional midwifery association;

___  ___  (f) Whether any disciplinary action has been taken against the applicant by any licensing authority, medical council, health care facility or professional midwifery association;

___  ___  (g) Whether the applicant has ever voluntarily surrendered a certificate, license, registration or permit to practice midwifery or other healing art in lieu of facing disciplinary action;

___  ___  (h) Whether the applicant has ever had a professional certificate, license, registration or permit to practice in a field other than midwifery revoked, suspended, or otherwise terminated on disciplinary grounds; and

___  ___  (i) Whether the applicant currently has an emotional disturbance or mental or physical illness, or an addictive disorder impairing the applicant’s ability to practice midwifery.
a. A statement describing in detail the circumstances of any affirmative answers to the questions above:

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b. A statement describing the circumstances of any conviction of a crime disclosed by any affidavit required to be submitted by Mid 302.04 (g):

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7) Letters of Recommendation:
Four written professional letters of recommendation, including at least two from certified or licensed health care professionals familiar with the applicant's midwifery experience, and not more than one from a client, affirming the applicant's competence and high standards in providing midwifery care:

1. Name of Certified/Licensed Health Care Professional:

Name/Address of Affiliation:______________________________________________________________

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2. Name of Certified/Licensed Health Care Professional:

Name/Address of Affiliation:______________________________________________________________

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3. Name and Address:

Relationship to Applicant:______________________________________________________________

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4. Name and Address:

Relationship to Applicant:______________________________________________________________

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8) **Back-Up Arrangements:**
Please submit detailed statements describing:

a. Arrangements for coverage for clients in the event of your absence or illness:

b. Arrangements for consultation with obstetricians, family practitioners, pediatricians or any other physicians concerning abnormal conditions:

c. Arrangements for transferring the care of clients to obstetricians, family practitioners, pediatricians or any other physicians:

d. Privileges at hospitals, professional associations with physicians, or ongoing professional relationships of medical support, if any:

e. Hospital services to be used in medical emergencies:
9) Supplemental Information:
   a. Statement describing the applicant's arrangements for conducting laboratory testing:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   b. Statement describing the applicant's arrangements for Newborn Screening:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   c. Statement describing the applicant's arrangements for any necessary administration of Rh(D) immune globulin:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Documentation Check-Lists:
Use the checklist that describes your type of application.

1. Category I. Documentation Required for Initial Certification:
   • A copy of a high school diploma or GED certificate;
   • Proof of having passed one college-level anatomy and physiology course, or proof through credit examination of college-level credit anatomy and physiology;
   • Official transcripts from, or copies of diplomas from, all colleges and universities attended, if applicable;
   • A copy of the North American Registry of Midwives, Certified Professional Midwife (CPM) certificate that is current;
   • Official transcripts from all midwifery schools and colleges attended, if applicable;
   • A copy of the front and back of the current certificate in Adult and Infant/Child CPR issued by the American Red Cross, or CPR-BLS certificate for the Healthcare Provider by American Heart Association;
   • A copy, front and back, of current NRP (Neonatal Resuscitation) card.
   • If applicable, a notarized affidavit disclosing criminal convictions involving theft, injury to others or violence to others;
   • At least 4 written references (see description on page 6). Letters may be mailed separately or may accompany application materials. Applications will not be processed until all letters are on file.
   • The report of the applicant's preceptor(s) described in Mid 303.05 (b);
   • The applicant's written statement that the applicant has met the experiential requirements of Mid 303.03 (a) and the technical skill requirements of Mid 303.04.
2. Category II. Documentation Required for Reciprocity Certification:

- A copy of a high school diploma or GED certificate;
- Proof of having passed one college-level anatomy and physiology course, or proof through credit examination of college-level credit anatomy and physiology;
- A copy of the North American Registry of Midwives, Certified Professional Midwife (CPM) certificate that is current;
- A copy of the front and back of the current certificate in Adult and Infant/Child CPR issued by the American Red Cross, or CPR-BLS certificate for the Healthcare Provider by American Heart Association;
- A copy, front and back, of current NRP (Neonatal Resuscitation) card.
- If applicable, a notarized affidavit disclosing criminal convictions involving theft, injury to others or violence to others;
- At least 4 written references (see description on page 6). Letters may be mailed separately or may accompany application materials. Applications will not be processed until all letters are on file.
- If authorized to practice midwifery in another state or states regulating midwifery, a copy of: A)The application materials the applicant submitted to such state(s); B)The statute(s) and regulations governing midwifery in such state(s) at the time the applicant received the authorization to practice; and C)The license or other authorization document for each of the states where the applicant is or has been authorized to practice midwifery, showing the beginning and end dates of the authorization.
- If authorized to practice in another state regulating midwifery, an official letter of verification sent directly to the Council from each state indicating whether A) The authorization is or was, during its period of validity, in good standing, and B) Any disciplinary action taken against the applicant.
- The applicant’s written statement containing A) The applicant’s affirmation that he or she has met the experiential requirements of Mid 303.03 (a)(1) through (a)(7); and B) For each required experience, an indication of whether it was acquired 1) Under preceptorship; or 2) In the course of practicing as a primary midwife authorized to practice in a state regulating midwifery.
- For each required experience acquired in the course of practicing as a primary midwife, a letter signed by the client, stating A) The client’s name; B) The town and state of the out-of-hospital birth; and C) The beginning and end dates of the applicant’s care for the client.
The information provided on the application form and the documentation provided to support the renewal application are, to the best of my knowledge and belief, true, accurate, complete and unaltered.

__________________________________________
(Name of Applicant - Please Print)

I acknowledge that, pursuant to RSA 641:3, knowingly making of a false statement on the renewal application form is punishable as a misdemeanor.

________________________  ______________________
(Signature of Applicant)  (Date Signed)

FOR COUNCIL USE ONLY - Leave Blank
Date Received: ________________________________
Date of initial review by council: ________________________________
Verification of Documentation: (List who you spoke with by phone and any relevant information):
High School ____________________________________________
NARM ____________________________________________
A&P ____________________________________________
Preceptor(s) ____________________________________________
Written References ____________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Date letter/email sent requesting additional materials: ________________________________
Follow-up written request for materials: ________________________________
Date application accepted: ________________________________
Letter mailed: ________________________________
Date NARM score rec’d or Reciprocity accepted and approved for
NH Written Exam ________________________________ Letter mailed ________________________________
NH Written Exam Fee Paid ($10) ________________________________
Written Exam passed and approved for Oral Exam OR Reciprocity Certified________________________
Written Exam failed ________________________________
NH Oral Exam Fee Paid ($10) ________________________________
NH Oral Exam Passed/Certified ________________________________
NH Oral Exam failed/Denied Certification ________________________________
Letter of certification/denial sent: ________________________________
Certification Fee Paid ($110) ________________________________
Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. “upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question.”

   RSA 21:50, II - “Armed forces” means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. “Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire.”

Please place a check mark in all that apply below:

☐ I am eligible for consideration as defined in paragraph #1 above.

☐ I am not eligible for consideration as defined in paragraph #1 above.

☐ I am eligible for consideration as defined in paragraph #2 above.

☐ I am not eligible for consideration as defined in paragraph #2 above.