OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-9482 · Fax 603-271-6702

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 _____

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