MINNESOTA
BOARD OF NURSING

1210 Northland Drive #120, Mendota Heights, MN 55120
Voice: 612-317-3000 | Fax: 651-688-1841 |TTY: 800-627-3529
Toll Free (MN, IA, ND, SD, WI): 888-234-2690
Email: nursing.board@state.mn.us

LICENSED CERTIFIED MIDWIFE APPLICATION INSTRUCTIONS

All Licensed Certified Midwives must complete a *Licensed Certified Midwife Application, Certified Midwife Confirmation of Program Completion* form, request *Verification of Certification,* and complete a *Criminal Background Check* if one was not completed within the last year with the Minnesota Board of Nursing.

Licensed Certified Midwife Application Requirements:

1. Complete a *Licensed Certified Midwife Application* form (online or paper). You may download the form at the Board's website.
   a. Complete the *Minnesota Business Identification Number* section only if you own a Minnesota Business.
   b. Complete the *Business Name* Section if you are currently practicing as Certified Midwife in any state or territory. If you are not currently practicing, check the box that you are not currently in the workforce related to your practice.
   c. Complete the fields regarding DEA numbers. Provide information for all DEA numbers you hold or check the box if you do not have a DEA number. Please contact the DEA office to determine if you should obtain a DEA number.
   d. Submit a written explanation for any "Yes" response in the *Grounds For Review of Application* section.
   e. Sign your legal name and date the application. (Electronic signatures are not acceptable)
   f. Licensed Certified Midwife Application Fees:
      1. Enclose the $137.00 ($105.00 application fee and $32.00 criminal background check fee) in the form of a money order or cashier's check payable to the Minnesota Board of Nursing with the completed application form to the Minnesota Board of Nursing if a background check has not been completed within the last year with the Minnesota Board of Nursing. Personal checks are not accepted. OR
      2. Enclose the $105.00 application fee in the form of a money order or cashier's check payable to the Minnesota Board of Nursing with the completed application form to the Minnesota Board of Nursing if a background check has been completed within the last year with the Minnesota Board of Nursing. Personal checks are not accepted.
2. Request documentation of your current certification in good standing from the American Midwifery Certification Board be sent by mail to the Minnesota Board of Nursing at 1210 Northland Drive Suite 120, Mendota Heights, MN 55120 or email to nursing.board@state.mn.us. The certification must be received directly from the certifying body to the Board.
3. Complete the first page of the *Certified Midwife Confirmation of Program Completion* form and forward the two-page form by fax, email, or mail to the Certified Midwife program you completed. The Certified Midwife program must mail the two-page form directly to the Board in an official school envelope or email to nursing.board@state.mn.us.
4. Complete the Criminal Background Check (CBC) and fingerprinting process if you have not completed a background check with the Board of Nursing within the last year. The CBC program will send you a fingerprint packet by email the following business day after submitting your application. CBC Program contact: email criminal.background.check@state.mn.us or call 651-201-2822 if you have questions.
   The fingerprinting and criminal background check requirement for licensure with the Minnesota Board of Nursing is independent of any other fingerprinting or background check you may have done in the past or will have done in the future. You must complete the Minnesota Board of Nursing background check process as instructed.

If it has been more than five years since you practiced in the certified midwife role, you must complete a reorientation plan as a certified midwife. Please contact the Board for more information and further instructions.

Total Due: $137.00 in U.S. funds ($105.00 application fee and $32.00 criminal background check fee) if a background check has not been completed within the last year with the Minnesota Board of Nursing. Money order or cashier's check only. No personal checks. All fees are nonrefundable.
Total Due: $105.00 in U.S. funds ($105.00 application fee) if a background check has been completed within the last year with the Minnesota Board of Nursing. Money order or cashier's check only. No personal checks. All fees are nonrefundable.

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LICENSED CERTIFIED MIDWIFE APPLICATION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility and/or qualifications for the license for which you are applying; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements. Minnesota Statute Sec. 270C.72 requires applicants to provide their Social Security number and Minnesota business identification number on all license applications.

Until you are issued a license, all data submitted on the application, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the application, except social security number and responses to grounds for review questions, becomes public record. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

- **Type or print clearly**
- **Provide all information**
- **Incomplete forms will be returned**
- **Do not use initials or abbreviations**

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME ☐ No middle name
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER ☐ Home ☐ Business ( )
STREET ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE / COUNTRY
EMAIL ADDRESS		
BIRTH DATE (mm/dd/yyyy)	GENDER ☐ Male ☐ Female ☐ Non-Binary	
UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72 ___ - ___ - ____	☐ I do not have a US Social Security number at this time but will notify the Board if/when I obtain a US Social Security number.	MINNESOTA BUSINESS IDENTIFICATION NUMBER Required by Minn. Stat. Sec. 270C.72
GRADUATE-LEVEL MIDWIFERY EDUCATION PROGRAM NAME		COMPLETION DATE (mm/dd/yyyy)

If it has been more than five years since you practiced as a certified midwife, you will need to complete a Board approved reorientation plan upon licensure. Please contact the Minnesota Board of Nursing for more information.

LAST DATE OF PRACTICE AS CERTIFIED MIDWIFE (mm/dd/yyyy)

BUSINESS ADDRESS: Minn. Stat. Sec. 214.073 requires licensees to provide their primary business address (if employed as a certified midwife) at the time of initial application and all renewals. Your license will not be issued unless you provide it or check the box below certifying that you are not currently in the workforce related to your practice.

BUSINESS NAME (if employed as a certified midwife)		
STREET ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE

☐ I certify that I am not currently in the workforce related to my practice and I don't have a business address related to my practice.

-OVER-

CURRENT CERTIFICATION

Applicant must request documentation of current certification in good standing from the American Midwifery Certification Board be sent by mail to the Minnesota Board of Nursing at 1210 Northland Drive Suite 120, Mendota Heights, MN 55120 or email to nursing.board@state.mn.us. The certification must be received directly from the certifying body to the Board.

PRESCRIBING

DEA NUMBER	STATE ISSUED
☐ I do not have a DEA number	

GROUNDS FOR DENIAL

Provide a written explanation for every YES response.

1.	☐ Yes ☐ No	Have you ever violated a state or federal law or rule relating to the practice of midwifery in any state, territory or country?
2.	☐ Yes ☐ No	Have you ever violated a state or federal law or rule relating to narcotics or controlled substances or other similar regulations?
3.	☐ Yes ☐ No	Have you ever been convicted, entered a plea of guilty, nolo contendere, or no contest, for any felony, gross misdemeanor or misdemeanor offense? NOTE: The fact that a conviction has been pardoned, dismissed, stayed, or deferred, or that your civil rights have been restored, does not mean that you answer "NO"; you should answer "YES."
4	☐ Yes ☐ No	Are there currently any pending criminal charges against you in any jurisdiction for felony, gross-misdemeanor, or misdemeanor crimes? NOTE: If charges have been dismissed or resulted in a disposition disclosed in the prior question you may answer "NO."
5.	☐ Yes ☐ No	In the last five years, have you ever misused or abused alcohol, other drugs or chemicals or been considered chemically dependent?
6.	☐ Yes ☐ No	In the last five years of midwife-related employment, has any employer investigated, disciplined or terminated you for conduct that may be grounds for disciplinary action under the Minnesota Certified Midwife Practice Act?
7.	☐ Yes ☐ No	Have you ever been under investigation or been the subject of any pending or past disciplinary action involving your midwifery practice or any occupational license in any state, territory or country?
8.	☐ Yes ☐ No	Do you have any physical or mental disability or illness that currently impairs your ability to practice midwifery with reasonable skill and safety? **Provide a statement explaining management and treatment**. NOTE: If you are currently participating in the Health Professionals Services Program (HPSP) for this illness, you may answer "NO" to this question
9.	☐ Yes ☐ No	Have you ever received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid?

I affirm that the statements and documents provided by me during the application process are true and correct.

Legal Signature of Applicant _____ Date _____

Return completed form and fees to Minnesota Board of Nursing

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CERTIFIED MIDWIFE CONFIRMATION OF PROGRAM COMPLETION

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to determine your eligibility and/or qualifications for the license for which you are applying; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements.

Until you are licensed, all data submitted on this form, except your name and address, are considered private data and will not be released to anyone other than Board of Nursing staff and its agents. When you become licensed, all data submitted on the form become public record. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

• Type or print clearly • Provide all information • Incomplete forms will be returned • Do not use initials or abbreviations

APPLICANT INFORMATION

Complete the applicant information below, and fax, email or mail the two-page *Certified Midwife Confirmation of Program Completion* form to the appropriate Certified Midwife program to complete the *Affidavit Section*.

The Certified Midwife program will return the completed two-page *Certified Midwife Confirmation of Program Completion* form to the Board by mail in an official school envelope or email to nursing.board@state.mn.us.

LAST NAME	FIRST NAME	MIDDLE NAME ☐ No middle name
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER ☐ Home ☐ Business ( )
BIRTH DATE (mm/dd/yyyy)	GRADUATION DATE (mm/dd/yyyy)	
CERTIFIED MIDWIFE PROGRAM NAME (School name, no initials)		
CITY AND STATE OF CERTIFIED MIDWIFE PROGRAM		

☐ I authorize _____(name of Certified Midwife program) to release my educational dates to the Minnesota Board of Nursing.

_____ _____

Legal Signature Date (mm/dd/yyyy)

-over-

AFFIDAVIT SECTION

↓ This Section for School Use Only - Applicant: Do Not Write Below This Line ↓

This two-page form must be mailed directly from the school in an official school envelope to the Minnesota Board of Nursing or emailed to nursing.board@stated.mn.us.

SCHOOL OFFICIAL: Complete the *Affidavit Section* after the applicant has fulfilled all requirements of the Certified Midwife program and has graduated from the program.

PROGRAM INFORMATION

Was the Certified Midwife program completed at a graduate level? YES ☐ NO ☐

Did the Certified Midwife program include clinical experience? YES ☐ NO ☐

Is the Certified Midwife program accredited by the American Commission for Midwifery Education or any successor organization recognized by the US Department of Education or the Council for Higher Education Accreditation? YES ☐ NO ☐

Completed graduate-level courses in each of the following areas:

Physiology and pathophysiology YES ☐ NO ☐

Advanced health assessment YES ☐ NO ☐

Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents YES ☐ NO ☐

DEGREE TYPE ☐ Masters ☐ Other (explain) _____	GRADUATION DATE (mm/dd/yyyy)

The undersigned does hereby affirm that the information provided is true and correct.

_____

Legal Signature of School Official

_____ Affix School Seal or Stamp

Print Name and Title (Dean, Program Director or Institutional Registrar's Office)

SCHOOL OFFICIAL: Mail completed two-page form directly to Minnesota Board of Nursing in an official school envelope or email to nursing.board@state.mn.us directly from the school email address.