State of Maine

BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS

Certified Midwife

Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: comphealth.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address 35 State House Station, Augusta, ME 04333.

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35 State House Station, Augusta ME 04333 Website: www.maine.gov/professionallicensing

APPLICATION INSTRUCTIONS

Certified Midwife

This is an abbreviated checklist and does not replace the requirements outlined in the Board of Complementary Health Care Providers Laws and Rules. Please review them carefully for more detailed and clarifying information.

□ **Completed Application**
Complete, sign the application and submit with the appropriate fees and documentation.

□ **Proof of Education**
Proof of successful completion of a graduate-level education program in midwifery that is accredited by the ACCREDITATION COMMISSION FOR MIDWIFERY EDUCATION.

□ **Certification**
Proof of a current and valid national certification as a certified midwife from the NATIONAL MIDWIFERY CERTIFICATION BOARD.

□ **As applicable, submit documentation of a license in another state or a criminal conviction.**
Other than Maine:

1) submit verification of licensure from each state you hold or held any type of professional license, including a license to practice as a certified midwife;
2) if you were convicted of a crime, submit a copy of the court judgment and a letter explaining the events of the crime.

VERIFICATION OF LICENSURE

*** * A copy of your license is not considered a license verification * ***

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

A sample license verification is available on the Board's website in the applications and forms section.

SUPPORTING DOCUMENTS

The Board of Complementary Health Care Providers requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

PROCESSING TIME

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time in lieu of calling our office on receipt or status progress of your application. If the status appears as "PENDING," this means that your application was received by this office and is pending or under review. Once reviewed, if your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE," If your application is incomplete, a letter will be sent to you by email.

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: **noreply@maine.gov**. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.

IMPORTANT TO RETAIN FOR FUTURE RENEWALS:

The noreply@maine.gov email with your license **will contain the password that is required to renew your license online when the time comes**. **Do not lose your password.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your password. Please remember, that if you change your email address at any time, you must by law, update your email address online within 10 days of the change. Failing to maintain a current email will jeopardize any notices sent to you by this Office.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder may be sent to you by email, which is the opening period you may begin to renew your license. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner or to practice without a valid license in violation of laws

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME *FIRST*	*MIDDLE INITIAL*	*LAST*	
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH *mm / dd / yyyy*		SOCIAL SECURITY NUMBER - -	
CONTACT ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL (**Your license will be emailed)**	

BACKGROUND CHECK NOTICE: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

Board of Complementary Health Care Providers

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Required Fee: $296.00 (Non-Refundable)
(includes criminal history records check fees)

Office Use Only:
(CM) 1421 - $275.00
2619 - $21.00

Office Use Only:
Check #_____
Amount:_____
Cash #_____
Lic. #_____

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS The following amount: $_____

☐ **I understand that fees are non-refundable**

Card number: Expiration Date *mm / yyyy*

SIGNATURE **DATE**

SECTION 1: CERTIFIED MIDWIFE NATIONAL CERTIFICATION

Certificate Number	Date Issued	Expiration Date

Submit a copy of your current and valid certificate issued by the NATIONAL MIDWIVERY CERTIFICATION BOARD

SECTION 2: EDUCATION - Official documentation demonstrating successful completion of a graduate-level education program in midwifery that is accredited by the ACCREDITATION COMMISSION FOR MIDWIFERY EDUCATION

Name of Educational Institution		
Date of Graduation	Degree Conferred	
Contact Address	Street or P.O. Box	
City	State	Zip Code

SECTION 3: LICENSE VERIFICATION

Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State's or Jurisdiction's primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

DISCIPLINE: If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license, please check here ☐

State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed - Answer
1.					
2.					
3					

SECTION 4: ATTESTATION OF ANNUAL DATA COLLECTION AND REPORTING

By February 1st of every year, I understand the data collection and reporting must be completed pursuant to 32 M.R.S. §12539(1). The data must be electronically reported at http://www.maine.gov/pfr/professionallicensing/professions/complementary/index.html by February 1st annually. You will **not** be notified by the Board for completing this report, please tickle your personal calendar.

Yes ☐ **No** ☐

SECTION 5: APPLICANT'S CERTIFICATION AND SIGNATURE

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I understand that the Board of Complementary Health Care Providers will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that discipline may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date