

STATE BOARD OF MIDWIFERY
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: mid@dopl.idaho.gov

APPLICATION FOR LICENSURE

Please complete this form by providing the requested information and signing the form. Your signature must be notarized. Submit the completed form and enclose payment of the required fees. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

CHECKLIST FOR NEW APPLICANTS - Please keep a copy of this application for your records.

Idaho Code § 54-5507(1) A person shall be eligible to be licensed as a midwife if the person provides the following:

- Completed application. All requested information must be provided and the form must be notarized.
- Attach the required fees. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.
- Proof of current certification as a CPM by NARM.
- Documentation of successful completion of board approved MEAC accredited courses in pharmacology, the treatment of shock/IV therapy and suturing specific to midwives. Qualifying education and training will be based entirely on completeness and accuracy of information in this application. Supplemental sheets may be attached if necessary for further details regarding your education and training.
- If you have ever been licensed in another state, certification of licensure must be sent to our office directly from the state(s) where you are currently or have ever been licensed. If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or a driver's license is acceptable.
- If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

FEES

APPLICATION FEE	\$200.00
ORIGINAL LICENSE FEE	\$800.00

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Idaho Code § 54-5506, you must be licensed to practice. The Board's laws and rules may be found at: <https://dopl.idaho.gov>.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

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MIDWIFERY APPLICATION (\$1,000)

I hereby make application for a license to practice Midwifery in the state of Idaho under the provision of Title 54, Chapter 55, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Full Business or Trade Name** _____

3. **Address of Record** _____
 (The above address is a public record.) Street City State Zip

4. **Mailing Address** _____
 (This will be used as address of record if none provided above.) Street/PO Box City State Zip

5. **Date of Birth** ____/____/____
 mm dd yyyy
 (Proof of identification - a clear and readable color copy of a government-issued ID such as passport, military ID, or valid driver's license must be attached.)

6. **Social Security No.** ____/____/____ **E-mail** _____
 (This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

7. **Business Phone** (____) _____ **Cell Phone** (____) _____
 (This number is a public record.) (This number is not a public record.)

8. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
 (To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

9. **Do you hold a current certification as a CPM by NARM?** () Yes () No
 (Please attach documentation.)

10. **Have you completed a board approved MEAC accredited courses in pharmacology, shock/IV therapy and suturing specific to midwives?** (Please attach documentation.) () Yes () No

11. **Please list any other states or territories where you have held a Midwife license and indicate whether or not the license is current.**

If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.

12. **Have you ever had any license or other authority to practice disciplined or otherwise sanctioned?** () Yes () No
 (If Yes, a copy of the charges and the final order must be attached and received by the Board before your application will be processed.)

13. **Have you ever been convicted of any State or Federal felony?** () Yes () No
 (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

 Signature of Applicant

State of _____, County of _____, ss.
 Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

 Notary Public Official Signature
 My Commission Expires _____