

INSTRUCTIONS FOR COMPLETING THE CERTIFIED PROFESSIONAL MIDWIFE APPLICATION

APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

SCREEN 1: LICENSE INFORMATION

KENTUCKY BOARD OF NURSING - CERTIFIED PROFESSIONAL MIDWIFE APPLICATION

License Information

I understand that the following documents are necessary to complete the application.

1. Official MEAC transcript or Midwifery Bridge Certificate	<input type="radio"/> Yes <input type="radio"/> No
2. NARM Certification,	<input type="radio"/> Yes <input type="radio"/> No
3. Domestic Violence completion pursuant to KRS 194A.540,	<input type="radio"/> Yes <input type="radio"/> No
4. Proof of completion of the Pediatric Abusive Head Trauma course pursuant to KRS 620.020(8)	<input type="radio"/> Yes <input type="radio"/> No
5. NRP Certification,	<input type="radio"/> Yes <input type="radio"/> No
6. AHA BLS Certification,	<input type="radio"/> Yes <input type="radio"/> No
7. Proof of licensure in another state (if applicable)	<input type="radio"/> Yes <input type="radio"/> No

SSN#

Application Type Initial Licensure Reinstatement

Please ensure that you have the following documents in a format that can be uploaded before you proceed with your application.

- ✓ Official MEAC transcript or Midwifery Bridge Certificate (the official transcript will need to be sent directly from the school or sent by the applicant in a sealed envelope from the school, the Midwifery Bridge Certificate should be mailed as soon as possible after the application is submitted)
- ✓ NARM Certification
- ✓ Proof of completion of the Domestic Violence course pursuant to KRS 194A.540
- ✓ Proof of completion of the Pediatric Abusive Head Trauma course pursuant to KRS 620.020(8)
- ✓ Proof of completion of a Neonatal Resuscitation Program (NRP) Certification
- ✓ Proof of completion of a American Heart Association Basic Life Support (BLS) for health care providers
- ✓ Proof of licensure in another state (if applicable)

This page asks for you to confirm that you understand that the documents listed are necessary to proceed with the application. You will not be able to proceed unless you verify that you understand that the documents listed are necessary to complete the application.

When you are asked if you have proof of licensure in another state, mark yes if you are licensed in another state and have the proof of licensure with you. Also mark yes if this question is inapplicable to you.

Choose the application type: initial licensure or reinstatement.

SCREEN 2: BIOGRAPHICAL DATA

Enter the standard biographical data information

BIOGRAPHICAL DATA

*Last Name :	<input type="text"/>	*First Name :	<input type="text"/>
Middle Name :	<input type="text"/>		
*Social Security # :	<input type="text" value="123456789"/>	*Date of Birth :	<input type="text"/>
*Address Line 1 :	<input type="text"/>	Address Line 2 :	<input type="text"/>
*City, State, Zip Code :	<input type="text"/>	<input type="text" value="Make a selection"/>	<input type="text"/>
*County of Residence :	<input type="text" value="Make a selection"/>	*Email Address :	<input type="text"/>
*Primary Phone Number :	<input type="text"/>	Secondary Phone Number :	<input type="text"/>
*Are you a U.S. Citizen?	<input type="radio"/> Yes <input type="radio"/> No		
*Gender :	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unspecified		
*Ethnic Group :	<input type="radio"/> African American <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> Pacific Islander <input type="radio"/> Hispanic or Latino <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other		

SCREEN 2: CPM EDUCATIONAL PROGRAM INFORMATION

CPM EDUCATIONAL PROGRAM INFORMATION

Please answer the following questions about the CPM program you attended.

*Name :	<input type="text"/>		
*City :	<input type="text"/>	*State :	<input type="text" value="Make a selection"/>
*Month & Year Completed :	<input type="text"/>		
*Is the program you attended MEAC approved?	<input type="radio"/> Yes <input type="radio"/> No		

If yes, an official transcript must be sent from the program you attended.
If no, in lieu of transcript you must submit the Midwifery Bridge Certificate.

Please include:

- NARM Certification,
- Domestic Violence completion pursuant to KRS 194A.540,
- Proof of completion of the Pediatric Abusive Head Trauma course pursuant to KRS 620.020(8)
- NRP Certification,
- AHA BLS Certification,
- Proof of licensure in another state (if applicable)

Enter the name, city, state, month, and year that you completed a CPM program.

If your program is a MEAC approved program, you must request that the program send an official transcript to:

Kentucky Board of Nursing
Attn: LCPM
312 Whittington Pkwy, Suite 300
Louisville, KY 40222

An official transcript is a transcript sent directly from the school or provided by the applicant in an envelope that is sealed by the school.

If you did not attend a MEAC approved program, you must submit the Midwifery Bridge Certificate. This should be uploaded at the time the application is submitted.

An applicant who was certified by the North American Registry of Midwives (NARM) before January 1, 2020 through an educational pathway not accredited by MEAC shall provide evidence of having earned the Midwifery Bridge Certificate issued by NARM. This shall be in lieu of an official transcript.

An applicant that is licensed in another state that does not require an accredited education shall provide evidence of having earned the Midwifery Bridge Certificate issued by NARM and proof of licensure in the other state.

The following documents will need to be uploaded before you submit your application (after you enter all information on screen two):

- ✓ NARM Certification
- ✓ Proof of completion of the Domestic Violence course pursuant to KRS 194A.540
- ✓ Proof of completion of the Pediatric Abusive Head Trauma course pursuant to KRS 620.020(8)
- ✓ Proof of completion of a Neonatal Resuscitation Program (NRP) Certification
- ✓ Proof of completion of a American Heart Association Basic Life Support (BLS) for health care providers
- ✓ Proof of licensure in another state (if applicable)

SCREEN 2: DISCIPLINARY

DISCIPLINARY

If you answer "yes" to any of these questions, you SHALL provide the following documents as indicated below:

1. A detailed letter of explanation for each action taken.
2. A certified copy of the Board's or other licensing agency's action.
3. If you have more than two disciplinary events, please list the event and state and year received on a separate piece of paper.

Check the appropriate boxes and fill out information for each "yes" answer:

Do you have a current investigation, disciplinary action or a complaint pending on your CPM license or other professional license/certification? Yes No

State* Year* State Year

Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program? Yes No

State Year State Year

Has any licensing or regulatory authority in any U.S. state or jurisdiction EVER denied, limited, suspended, probated, revoked, or otherwise disciplined a professional or occupational license or certificate that you held? Yes No

State Year State Year

Yes, type of license(s)/certification(s):

Answer the following questions fully and honestly:

- Do you have a current investigation, disciplinary action or a complaint pending on your CPM license or other professional license/certification?
- Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program?
- Has any licensing or regulatory authority in any U.S. state or jurisdiction EVER denied, limited, suspended, probated, revoked, or otherwise disciplined a professional or occupational license or certificate that you held? (In addition to listing the state and year list the type of license(s)/certification)

If you answered yes to any of the above three questions, list the state and the year. If you have had more than two disciplinary events, please list the event and state and year received on a separate piece of paper.

Further, if you answered yes to any of the above three questions, you will need to provide the following:

- ✓ A detailed letter of explanation for each action taken.
- ✓ A certified copy of the Board's or other licensing agency's action.

SCREEN 2: CRIMINAL HISTORY

CRIMINAL HISTORY

Criminal History *Per KRS 314.011 (21) Convictions include conditional discharge, pretrial diversion, pleading no contest, nolo contendere or entered an Alford plea.

You SHALL REPORT ALL felony convictions and provide certified court records and a detailed letter of explanation.
If you have more than two convictions, please list the conviction and state and year received on a separate piece of paper. Mail all documentation to the KBN address.

Have you ever been convicted of a felony? Yes No

State: Year: Conviction:

State: Year: Conviction:

If yes, has this conviction(s) been previously reported to KBN? Yes No

You SHALL REPORT ALL misdemeanor convictions
If you have more than two convictions, please list the conviction and state and year received on a separate piece of paper. Mail all documentation to the KBN address.

Have you ever been convicted of a misdemeanor including DUI? Yes No

If the conviction* (including DUI) is less than five years old, you shall provide certified court records and a detailed letter of explanation.
If the conviction* (including DUI) is more than five years old, no additional documentation is required to be submitted unless requested by KBN.

State: Year: Conviction:

State: Year: Conviction:

If yes, has this conviction(s) been previously reported to KBN? Yes No

Per KRS 314.011(21) Convictions include conditional discharge, pretrial diversion, pleading no contest, nolo contendere or Alford plea.

Answer the following questions fully and honestly:

- Have you ever been convicted of a felony?
- Have you ever been convicted of a misdemeanor including DUI?

Felony:

If you answered yes to the question of have you ever been convicted of a felony, you will need to list the state, year, and conviction for each felony. If you have more than two convictions, please list the conviction, state, and year on a separate piece of paper.

Further, if you answered yes to having a felony conviction you will need to provide the following:

- ✓ A detailed letter of explanation
- ✓ A certified court record of each felony

All documentation shall be mailed to:

Kentucky Board of Nursing
Attn: LCPM
312 Whittington Pkwy, Suite 300
Louisville, KY 40222

Answer the question: has the conviction ever been reported to the KY Board of Nursing?

Misdemeanor:

If you answered yes to the question of have you ever been convicted of a misdemeanor including DUI, you will need to list the conviction, state, and year for each misdemeanor. If you have more than two misdemeanor convictions, please list the conviction and state and year received on a separate piece of paper.

If the conviction (including DUI) is less than five years old, you will need to provide the following:

- ✓ A detailed letter of explanation
- ✓ A certified court record

All documentation shall be mailed to:

Kentucky Board of Nursing
Attn: LCPM
312 Whittington Pkwy, Suite 300
Louisville, KY 40222

If the conviction (including DUI) is more than five years old, no additional documentation is required to be submitted unless requested by the KY Board of Nursing.

Answer the question: has the conviction ever been reported to the KY Board of Nursing?

SCREEN 2: RESPONSIBILITY AND ACCOUNTABILITY OF LICENSED CPM

RESPONSIBILITY AND ACCOUNTABILITY OF LICENSED CPM

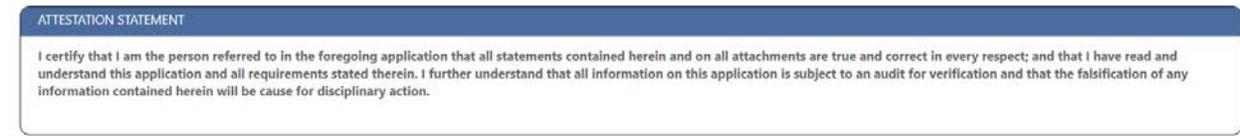
KRS 314.021(2); All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience and shall practice with reasonable skill and safety.

<http://kbn.ky.gov/legalopinions/Pages/laws.aspx>

Note that by submitting your application you are acknowledging that in accordance with KRS 314.021(2) that all individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience and shall practice with reasonable skill and safety.

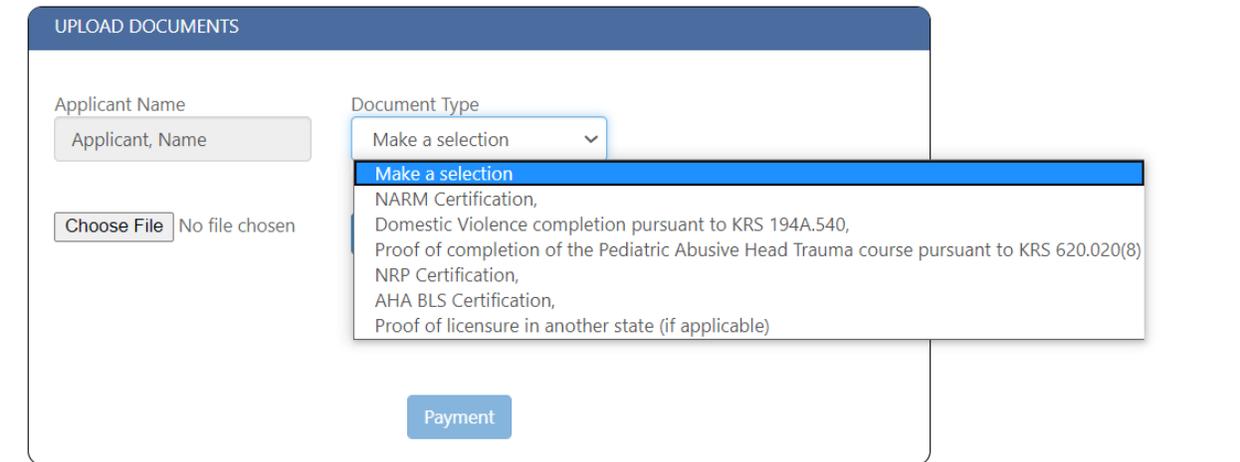
The referenced website: <http://kbn.ky.gov/legalopinions/Pages/laws.aspx> provides information regarding laws and regulations that LCPMs are expected to know and follow. Refer to KRS 314.400-.416, 201KAR20:600-690, and any other applicable state or federal laws.

SCREEN 2: ATTESTATION STATEMENT



Please read the above statement. By signing the application, you are verifying that you agree with the attestation statement.

SCREEN 3: UPLOAD DOCUMENTS



The applicant's name should automatically appear in the Applicant Name field.

Select the document type that you are uploading from the following options:

- ✓ NARM Certification
- ✓ Domestic Violence completion pursuant to KRS 194A.540
- ✓ Proof of completion of Pediatric Abusive Head Trauma course pursuant to KRS 620.020(8)
- ✓ NRP Certification
- ✓ AHA BLS Certification
- ✓ Proof of licensure in another state (if applicable)

Only .jpg, .png, .gif, .tif, .pdf files can be uploaded.

All documentation that is referenced above as needed by the Board that cannot be uploaded shall be mailed to:

Kentucky Board of Nursing
Attn: LCPM
312 Whittington Pkwy, Suite 300
Louisville, KY 40222

Applications will be unable to be processed until all required documents are received at the KY Board of Nursing Office.

SCREEN 4: PAYMENT

APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

Effective July 6, 2020, fees assessed by the banking industry will be charged for each transaction. Payments made with a credit card will have an additional 2.75% of the payment added to the total. Payments made by ACH (online check) will have a \$1.00 charge attached to the payment. The banking fees will be in addition to the fees due the Kentucky Board of Nursing.

Ky.gov An Official Website of the Commonwealth of Kentucky

KENTUCKY BOARD OF NURSING

Select Payment Type

ACH / ELECTRONIC CHECK

CREDIT CARD

Summary

LCPM INITIAL APPLICATION	\$1,000.00
Item Price: \$1,000.00	
Quantity: 1	

[Cancel and return to Kentucky Board of Nursing](#)

Policies Security Disclaimer Accessibility

Kentucky

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Kentucky.gov

QUESTIONS???

If you have a question about initial licensure, renewal, or reinstatement of a license, please contact Suha Qattan-Walsh Suha.Qattan-Walsh@ky.gov

8/2/20