

Kentucky Board of Nursing  
312 Whittington Pky Ste 300  
Louisville KY 40222-5172  
Web Address: [kbn.ky.gov](http://kbn.ky.gov)  
502.429.3300  
800.305.2042

# CERTIFIED PROFESSIONAL MIDWIFE APPLICATION FOR LICENSURE

**APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE**

Office Use Only

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## Section 1: Biographical Data

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\_\_\_\_\_  
**Last Name** (print clearly)

\_\_\_\_\_  
**First Name** (print clearly)

\_\_\_\_\_  
**Middle Name** (print clearly)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security #** (print clearly)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Address** (print clearly)

\_\_\_\_\_  
**City** (print clearly)

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code** (print clearly)

\_\_\_\_\_  
**County of Residence** (print clearly)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Primary Phone Number** (print clearly)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Secondary Phone Number** (print clearly)

\_\_\_\_\_  
**Email Address** (print clearly)

**Ethnic Group:**

- |   |   |
|---|---|
| <input type="checkbox"/> African American   | <input type="checkbox"/> Native American  |
| <input type="checkbox"/> Asian              | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White            |
| <input type="checkbox"/> Multiracial        | <input type="checkbox"/> Other            |

Male    Female    Unspecified

**Are you a U.S. Citizen?**    Yes    No

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## Section 2: Method of Application

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Initial - Fee \$1000

Reinstatement - Fee \$1000

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### Section 3: CPM Educational Program Information

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

Name (print clearly) \_\_\_\_\_

City (print clearly) \_\_\_\_\_

State \_\_\_\_\_

Month & Year Completed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is the program you attended MEAC approved?  Yes  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,
- 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)
- NRP Certification,
- AHA BLS Certification,
- Proof of licensure in another state (if applicable)

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### Section 4: Disciplinary

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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): \_\_\_\_\_

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### Section 5: Criminal History \*Per KRS 314.011 (21) Convictions include conditional discharge, pretrial diversion, pleading no contest, nolo contendere or entered an Alford plea.

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**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

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**Section 5: Criminal History (cont)** \*Per KRS 314.011 (21) Convictions include conditional discharge, pretrial diversion, pleading no contest, nolo contendere or entered an Alford plea.

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**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

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**Section 6: Reinstatement of a CPM License**

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\_\_\_\_\_ / \_\_\_\_\_  
CPM License # (print clearly)

\_\_\_\_\_ / \_\_\_\_\_  
Date Your CPM License Lapsed (MM/YYYY)

You must show proof of:

- Current certification with NARM,
- NRP Certification, and
- AHA BLS Certification

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**Section 7: Responsibility and Accountability of Licensed CPM**

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**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>.

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**Section 8: Attestation Statement**

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I certify that I am the person referred to in the foregoing application that all statements contained herein and on all attachments are true and correct in every respect; and that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action.

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**Applicant's Signature**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Date**