

MIDWIFE APPLICATION FOR LICENSURE
Ala.Code 34-19-14(a)(4)

Name: _____
FIRST MIDDLE INITIAL MAIDEN NAME (IF APPLICABLE) LAST

Home Address: _____
STREET CITY STATE ZIP CODE

Mailing Address: _____
STREET CITY STATE ZIP CODE

Fax number: (____) _____

Email Address: _____

Home Telephone: (____) _____

Work Telephone: (____) _____

Date of Birth: _____

Place of Birth: _____

Social Security #: _____

Driver's License #: _____

Have you been convicted of a felony or subject to disciplinary action in another state or jurisdiction? Yes No

If your answer is "Yes", attach a copy of the indictment or information and a copy of the judgment. A conviction may not disqualify you, but a false statement will.

(continued on 2nd page)

I, the undersigned, have read and understand and agree to abide by the requirements, scope, and limitations of the law, governing the practice of licensed midwifery in Alabama and of the licensure process. I do solemnly affirm that the information given by me on this application is true and correct to the best of my knowledge and belief, and that no grounds currently exist to warrant denial of this application.

Signature of Midwife

Date

THE STATE OF ALABAMA _____ COUNTY

I, a Notary Public, hereby certify that _____
whose name is signed to the foregoing instrument or conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand this _____ day of _____, A. D. 20____.

Notary Public

Print Name _____

My commission expires:
