

APPLICATION FOR LICENSURE RENEWAL
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: (____) _____

- Proof of Current CPM sent from NARM applications2@narm.org
- Proof of current Professional Liability Insurance with minimum levels, in applicant's name
- Renewal Fee made payable to Alabama State Board of Midwifery
- Background check

Have you been convicted of a felony in the last two years? 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.

License renewal will be required every two years, paying a \$600 fee and providing any other documents required under current rules for renewal. Documents must be received by May 1. The license will be considered expired if renewal has not occurred by July 1. Early renewals will be accepted but the date of renewal will remain July 1, no matter when the renewal was submitted.

I, the undersigned, have read and understand the requirements, scope, and limitations of the law, rules, and regulations governing the practice of a Licensed Midwife in Alabama and of the licensure process. I agree and acknowledge to submit my current CPM, current Professional Liability verification, and annual statistics by July 1 every year. 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