

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

- I do not want my address shared with the public

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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. I also affirm that I am a citizen of, or lawfully present in, the United States of America.

\_\_\_\_\_  
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:  
\_\_\_\_\_