

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

Name:

FIRST	MIDDLE INITIAL	MAIDEN NAME (IF APPLICABLE)	LAST
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Home Address:

STREET	CITY	STATE	ZIP CODE
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Mailing Address:

STREET	CITY	STATE	ZIP CODE
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Fax number: (____) _____ Email Address: _____

Telephone: (____) _____

- Renewal Fee made payable to Alabama State Board of Midwifery
- Background check
- NARM and PLI up-to-date on file with Board
- Annual statistics on file with Board

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 twenty-four months, paying a \$600 fee and providing any other documents required under current rules for renewal. **Documents and fees must be received by the end of the renewal month.** Early applications for renewal will be accepted but the date of renewal will remain the renewal month, 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 maintain my current CPM status, and submit current Professional Liability verification and annual statistics form 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