



MIDWIFE RENEWAL APPLICATION

Instructions: Complete this application by using the checklists to ensure all required documentation is attached and mail to the address shown on this form.

Application Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (*non-refundable; \$1,100 if over 30 days late; \$1,250 over 90*)
- Completed Affidavit of Lawful Presence Form

Documentation Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Proof of current certification from NARM, AMCB, or equivalent certify certification approved by the Commissioner of Health
- Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
- Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
- Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
- Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
- Proof of other pertinent credentials listed below

LICENSEE INFORMATION

Licensee Name:

_____ Last _____ First _____ Middle

County:

Mailing Address:

_____ Street Address

_____ City _____ State _____ Zip

Phone #:

Cellular #:

Alternate Phone #:

SSN #:

E-mail:

CREDENTIAL INFORMATION

Yes No Do you have other credentials? *If yes, list credentials:*

Yes No Are you currently licensed or have been previously licensed as a Midwife in any other state?

If yes, list state(s):

Yes No Have you ever been convicted of misconduct or been subject to disciplinary action?

If yes, explain:

READ CAREFULLY The applicant signing this application being duly sworn declares that the foregoing statements subscribed to by s/he are true to the best of his knowledge and that s/he personally signed this application. The applicant also acknowledges that s/he accepts and understands all conditions of licensure as set forth in OAC 310:395 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. By signing below, you also give consent for the department to perform a background check which may contain information regarding your criminal history and/or motor vehicle records, and other background information about you. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Professional Licensed Midwife or a Licensed Midwife. (Note: Retain a copy of completed form for your files.)

Signature: _____

Date: _____

OSDH License #:

OSDH Receipt #:

Receipt Date:



**AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:
(Check only ONE of the following statements that apply)

- I am a United States citizen.
- I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration # _____

Authorizing Document: _____ (Attach a copy of the authorizing document.)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: _____

Date: _____

City: _____

State: _____

Signature: _____

For RENEWAL license, permit or certificate, please write the number: _____
(Current license, permit or certificate number)

INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. If an approved alien, write the identification number in the "*Admission/Registration #*" field and write the name of the authorizing document in the "*Authorizing Document*" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.