

REQUIREMENTS & INSTRUCTIONS - MIDWIFE LICENSE APPLICATION

Access this form via website at: cca.hawaii.gov/pvl

NOTE: Effective July 1, 2020, except as provided in Hawaii Revised Statutes Chapter ("HRS") 457J, individuals using the title "midwife", "licensed midwife", or the abbreviation "L.M." or any other words, letters, abbreviations, or insignia indicating or implying that the person is a licensed midwife, **ARE REQUIRED** to obtain a "Midwife" license.

Nothing shall preclude an individual who holds a national certification as a midwife from identifying the person as holding such certification, so long as the person is NOT practicing midwifery or professing to be authorized to practice midwifery in this State unless that person is licensed in accordance with HRS Chapter 457J.

APPLICATION FORM Complete and sign the attached application form in black ink. Include a check for the application fee. Failure to provide all the requested information will delay the processing of your application. Applicants are subject to meeting all requirements in effect at time of filing. **There is no "reciprocity" (or recognition of Midwife licensure) in another state. That means that any person who practices as a midwife in this State must meet Hawaii licensing requirements and hold a current Hawaii midwife license.**

SOCIAL SECURITY NUMBER Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

MIDWIFE CERTIFICATION/ EDUCATION Requirements to qualify for a midwife license in this State:

- (1) Proof of a current, unencumbered certification as a:
 - (A) Certified professional midwife; or
 - (B) Certified midwife;

For certified professional midwives, proof of successful completion of a formal midwifery education and training program that is either:

- (A) An educational program or pathway accredited by the Midwifery Education Accreditation Council; or
- (B) A midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020, through a non-accredited pathway, or who have maintained licensure in a state that does not require accredited education;

Arrange for the Midwifery Education Accreditation Council to deliver documentation directly to our office confirming successful completion of a formal midwifery education and training; or the North American Registry of Midwives to deliver your current CPM credential/certification.

Applicant is responsible for any fees required to satisfy the NARM/CPM credential.

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OTHER LICENSE REQUIREMENTS

Licensed in another jurisdiction:

If applicable, submit verification of any licenses held or once held in other jurisdictions that includes the status of the license and if the license was ever disciplined. If the license was disciplined, documentation of any disciplinary proceedings pending or taken by any jurisdiction. A copy of a license is not acceptable.

Prior conviction:

If applicable, information regarding any conviction of any crime which has not been annulled or expunged, including but not limited to a signed statement/explanation of the events that led to the conviction, certified copies of court documents; and a criminal history report. For more information, see "General Information" below.

Please be advised that other information the department may require to investigate the applicant's qualifications for licensure may also be required.

FEES Attach appropriate amount made payable to: Commerce and Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)
Application Fee (non-refundable) \$ 50.00

LICENSE FEES After all requirements are fulfilled, license fees will be due. Notification of amounts due will be sent to you at the appropriate time.

For license issued between July 1, 2020 and June 30, 2021, the first year of the triennium pay . . \$1,368.00
(License fee - \$730 + Compliance Resolution Fund - \$150 + 2/3 Renewal \$488)

For license issued between July 1, 2021 – June 30, 2022), the second year of the triennium pay . \$1,074.00
(License fee - \$730 + Compliance Resolution Fund - \$100 + 1/3 Renewal \$244)

For license issued between July 1, 2022 - June 30, 2023), the third year of the triennium pay . . \$780.00
(License fee - \$730 + Compliance Resolution Fund - \$50)

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

CONTESTED CASE HEARING

If for any reason you are denied the license you are applying for, you are entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application and must be made within 60 days of notification that your application for a license has been denied.

ADDRESS

GENERAL INFORMATION

Mail to:

Deliver to:

Midwives Program
DCCA, PVL Licensing Branch
P.O. Box 3469 DCCA
Honolulu, HI 96801
hawaii.gov/dcca/pvl

OR

PVL Licensing Branch
335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

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Instructions for "YES" Answers to questions (4) thru (6) of the Application for License (MHC-01)

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 4 and 5 refers to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If you answer "yes" to one or more of these questions you must **submit** the following:

- i. A detailed statement **signed by you** explaining the circumstances; and
- ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of facts and conclusions of law, proof of payment of any fines, and any other relevant documents.

2. If your application indicates a criminal conviction you must **submit** the following:

- i. A detailed statement **signed by you** explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employers name, description of duties, training attended, and educational courses attended; and
- ii. A copy of all related court documents (i.e. indictments, judgements, guilty pleas, the court order, verdict, and terms of sentence); and if applicable, proof of payment of any fines and proof of fulfillment of conditions of each sentence; and
 - iii. A current criminal history record check in your name from the state where the conviction occurred **and** the state where you currently reside if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building 456 S. King Street, Room 101, Honolulu, HI 96813 or visit their website at: ag.hawaii.gov/hcjdcc to request a "Criminal History Record Check" form; and
- iv. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders

TRIENNIAL RENEWAL

All licenses, regardless of issuance date, **shall be renewed triennially (every three (3) years) on or before June 30, 2023** as the first renewal period. Failure to renew a license shall result in a forfeiture of the license. Licenses which have been forfeited may be restored within one year of the expiration date upon payment of the renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in automatic termination of the license. Persons with terminated licenses shall be required to apply for licensure as a new applicant.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

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- NAME AND ADDRESS CHANGES** It is the responsibility of the licensee to inform the Department in writing, of any name or address change. You must report any change to your name or address by using the Health Care Professionals – Address/Name Change Request Form available on our web page at cca.hawaii.gov/pvl, under PVL Spotlight.
- LAWS & RULES** To obtain a copy of the laws, Chapter 453D, Hawaii Revised Statutes, send a written request to Midwives Program, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Indicate the specific chapter in your request. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 457J.
- The laws are also posted on our website at: cca.hawaii.gov/pvl. Click on "Midwives". Then click on "Midwives Laws and Rules (HRS/HAR)".
- ABANDONMENT OF APPLICATION** Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.
- If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - MIDWIFE

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Legal Name (First, Middle)		(Last)
Other Names Used (Include maiden name)		
Residence Address (Include Apt. No., City, State and Zip Code)		
Mailing Address (ONLY if different from above)		
Social Security No.	Phone No. (Days)	Date of Birth
Email		

FOR OFFICIAL USE ONLY	APPROVED: <input type="checkbox"/> Initial/Date:
	License No. MW - Effective Date:

Answer all questions and check your answers. If any response to questions 4 through 6 is "YES", refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you at least 18 years of age? Yes No
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? Yes No
- 3) Do you hold a current hold a certification as a Certified professional midwife or Certified midwife? Yes No
- If "Yes", provide date verification was requested to MEAC or NAMR**
- 4) Have you ever been denied a certificate or license to practice as a midwife? Yes No
- 5) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? Yes No
- b. Are there any disciplinary actions pending against you? Yes No
- 6) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No

**Complete the requested information below. Attach additional sheets if necessary.
Failure to complete the requested information will delay the processing of your application.**

EDUCATION	Name of Institution	Major Course of Study	Date Degree	Name of Degree Conferred	Name of your Major
CERTIFICATION	Name of Accrediting Organization	Certification, i.e. CPM, CM	Initial Certification Date	Expiration Date	

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.App.....780.....\$50	Lic 781..... \$730
	CRF 783..... \$50/\$100/\$150
	Renewal 782..... \$244/\$488
	Service Charge..... BCF \$25

Print Name of Applicant:

Date:

Do you hold or have you previously held licensure, certification or registration as a midwife in any other state or jurisdiction?
If yes, please list information below.

State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:

Affidavit of Applicant:

I certify that the statements, answers, and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 453D-12, Hawaii Revised Statutes).

I further certify that I have read, understand, and will abide by the provisions of Chapter 457J, Hawaii Revised Statutes, concerning Midwives in the State of Hawaii.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you:

Name of Organization:

Signature of Applicant

Date