

## REQUIREMENTS & INSTRUCTIONS – MIDWIFE LICENSE APPLICATION

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

### LAWS

Please review Chapter 457J, Hawaii Revised Statutes, which governs the Midwives Program. Please also review Chapter 436B, Hawaii Revised Statutes, which governs Professional and Vocational Licensing. These laws are available for review on our website at: <https://cca.hawaii.gov/pvl/programs/midwife/>

### REQUIREMENTS FOR LICENSURE

- ☐ Completed and signed application
- ☐ Application fees and license fees; see the next page for more information
- ☐ A copy of current certification in adult and pediatric cardiopulmonary resuscitation by the American Heart Association, Red Cross, or American Safety and Health Institute Basic Life Support that includes a hands-on skill component; you must maintain current certification throughout the license period
- ☐ A copy of current certification in a neonatal resuscitation program of the American Academy of Pediatrics that includes a hands-on skills component; you must maintain current certification throughout the license period
- ☐ License verifications from any jurisdiction where you hold or once held a midwife license, indicating the status of the license and documenting any disciplinary proceedings pending or taken by any jurisdiction
- ☐ If you have been convicted of any crime that has not been annulled or expunged, then provide a signed statement regarding the circumstances of your conviction AND court documents
- ☐ If you have been denied licensure or had your license disciplined in any jurisdiction, then provide a signed statement regarding the circumstances of your denial/discipline AND all related documents from the issuing jurisdiction

For certified professional midwife applicants, the following:

- ☐ Current, unencumbered certification from the North American Registry of Midwives (please have your certification sent to us directly from NARM via mail or email)
- ☐ Proof of successful completion of a midwifery education and training program either via:
  - ☐ A midwifery educational program or pathway accredited by the Midwifery Education Accreditation Council or another nationally recognized accrediting agency approved by the U.S. Department of Education (please have transcripts sent to us directly from your program via mail or email); OR
  - ☐ A midwifery bridge certificate issued by the North American Registry of Midwives (please have your bridge certificate sent to us directly from NARM via mail or email)

- ☐ For certified midwife applicants, the following:
- ☐ Current, unencumbered certification from the American Midwifery Certification Board (please have your certification sent to us directly from AMCB via mail or email)
  - ☐ Proof of successful completion of a graduate-level midwifery program accredited by the American Midwifery Certification Board (please have transcripts sent to us directly from your program via mail or email)
  - ☐ Proof of successful completion of at least thirty contact hours of advanced pharmacology education, including advanced pharmacotherapeutics, from a program accredited by the Accreditation Commission for Midwifery Education within three years immediately preceding the date of application; see Hawaii Revised Statutes Section 457J-8(b)(3) for more details

## FEES

**Application Fee:** At the time of application, please submit a check payable to “Commerce and Consumer Affairs” for \$50. Check payment must be in U.S. dollars from a U.S. financial institution. **This application fee is non-refundable.**

**License Fee:** At the time that you complete all application requirements, you will be sent a notice of the license fees due. Your license fees will be determined by the year of the licensing triennium at the time you receive your license.

Time of Licensure	License Fee
For license issued between July 1, 2023 and June 30, 2024, i.e. the first year of the triennium	\$1,368
For license issued between July 1, 2024 and June 30, 2025, i.e. the second year of the triennium	\$1,074
For license issued between July 1, 2025 and June 30, 2026, i.e. the third year of the triennium	\$780
For license issued between July 1, 2026 and June 30, 2027, i.e. the first year of the triennium	\$1,368
For license issued between July 1, 2027 and June 30, 2028, i.e. the second year of the triennium	\$1,074
For license issued between July 1, 2028 and June 30, 2029, i.e. the third year of the triennium	\$780

**Service Fee:** All dishonored payments will accrue a \$25 service charge, regardless of the reason for the dishonored payment.

**CURRENT  
CPR AND NRP  
CERTIFICATIONS**

You are required to maintain current certification in adult and pediatric cardiopulmonary resuscitation by the American Heart Association, Red Cross, or American Safety and Health Institute Basic Life Support that includes a hands-on skill component, AND current certification in a neonatal resuscitation program of the American Academy of Pediatrics that includes a hands-on skills component, **throughout the entirety of your licensure.** Failure to maintain either of these certifications is grounds for refusal to grant, renew, reinstate, or restore a midwife license, and can also serve as grounds to deny, revoke, suspend, or condition a midwife license. See Hawaii Revised Statutes Section 457J-12.

**MAILING  
ADDRESS AND  
CONTACT  
INFORMATION**

**Please mail all applications. Do not email applications, as they will not be accepted.**

<u>Mailing address:</u> Midwives Program DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801	<u>Email address:</u> <a href="mailto:midwives@dcca.hawaii.gov">midwives@dcca.hawaii.gov</a>
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**RELEASE OF  
INFORMATION**

If an agency or another 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 of the application titled "Release of Information to Third Party" and sign and date it.

**APPLICATION  
EXPIRATION**

Pursuant to Hawaii Revised Statutes Section 436B-9, your application shall be considered abandoned if you fail to complete the license process within one year after filing an application. If your application is deemed abandoned, you will be required to reapply for licensure and comply with the licensing requirements at the time of reapplication.

**TRIENNIAL  
RENEWAL**

All midwife licenses, regardless of when the license was issued, **must be renewed triennially (every 3 years)**, with June 30, 2023 as the first renewal deadline and June 30, 2026 as the second renewal deadline, etc. For example, if you receive a midwife license on June 25, 2026, you are STILL required to renew your license by June 30, 2026.

Renewal requirements are different from licensure requirements. Please review Chapter 457J, Hawaii Revised Statutes, for the midwife license renewal requirements.

Licenses which have been forfeited may be restored within one year of the expiration date upon payment of renewal AND restoration fees. Failure to restore a license within one year of the date of expiration shall result in automatic termination of the license. Persons with terminated licenses are required to apply for licensure as a new applicant.

**NAME  
AND  
ADDRESS  
CHANGES**

It is the licensee's responsibility to inform the Department of any name or address change in writing. You may report any change to your name or address by filling out and mailing us the "Health Care Professionals – Address/Name Change Request Form" available on our website at <https://cca.hawaii.gov/pvl>, under PVL Spotlight.

# APPLICATION FOR LICENSE - MIDWIFE

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

Legal Name (First, Middle)		(Last)	FOR OFFICIAL USE ONLY	APPROVED: Initial/Date:	
Other Names Used (Include maiden name)				License No. MW -	Effective Date:
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					

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.

- Are you at least 18 years of age?..... ☐ YES ☐ NO
- Are you a U.S. Citizen, a U.S. national, or an alien authorized to work in the United States?..... ☐ YES ☐ NO
- Do you hold a current certification as a Certified professional midwife or Certified midwife?..... ☐ YES ☐ NO  
If "Yes", provide date verification was requested to MEAC or NARM:
- Have you ever been denied a certificate or license to practice as a midwife?..... ☐ YES ☐ NO
- 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
- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?..... ☐ YES ☐ NO
- Do you hold a current certification in adult and pediatric cardiopulmonary resuscitation from the American Heart Association, Red Cross, or American Safety and Health Institute Basic Life Support that includes a hands-on skill component?..... ☐ YES ☐ NO
- Do you hold a current certification in a neonatal resuscitation program from the American Academy of Pediatrics that includes a hands-on skills component?..... ☐ YES ☐ NO
- Do you understand that you are required to maintain the certifications listed in Questions 7 and 8 at all times throughout licensure?..... ☐ YES ☐ NO

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

(CONTINUED ON PAGE 2)

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