



Certified Nurse Midwife

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying with this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

-
- | | |
|---|---|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way ? |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you CURRENTLY have any criminal action active or pending ? |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a misdemeanor in any jurisdiction? |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you EVER pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a felony in any jurisdiction? |
-

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state in which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

If you identified a Certified Nurse Midwife license above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

NOTE: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
- Yes No a hospital or health care facility
- Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes No malpractice insurance coverage
- Yes No other entity: _____
-
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
- Yes No a hospital or health care facility
- Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes No The Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes No malpractice insurance coverage
- Yes No other entity: _____
-
3. Is any action pending against you now by:
- Yes No a hospital or health care facility
- Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes No malpractice insurance coverage
- Yes No other entity: _____
-
4. Yes No Have you been named as a defendant in a malpractice suit?
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5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4, you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: _____

UTAH CONTROLLED SUBSTANCE AFFIDAVIT

This license is optional for Certified Nurse Midwives

1. I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.
2. I understand that I may need a written delegation of services agreement or a written consultation and referral plan for prescribing controlled substances as outlined in statute.
3. I understand that there may be additional continuing education requirements for those who hold a controlled substance license.
4. I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.

Signature of Applicant: _____ Date: _____



CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ Date: _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

Completed fingerprint cards can be mailed to:
Division of Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.



Affidavit of Supervision for Certified Nurse Midwife Intern

*Intern licensure is an optional license for Certified Nurse Midwife applicants only.
See the checklist at the end of this application for additional instructions.*

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

- I understand I must meet all requirements except those outlined in 58-44a-305 before applying for this license.
- I understand the intern license will expire after failing the American College of Nurse Midwives Certification Council Examination, upon issuance of my full CNM license, the date of the next qualifying exam if I do not sit for that exam, or the expiration date.
- I understand it is my responsibility to submit documentation of meeting all requirements for licensure, and that if I do not submit documentation the intern license will automatically expire and my application for full licensure will be denied.
- I understand I must practice under the direct supervision of a Utah Licensed CNM or physician and
- I understand I am unable to practice until the intern license has been issued and that I must cease working once it expires.

Signature: _____ Date: _____

EMPLOYMENT INFORMATION (To be completed by the supervising Certified Nurse Midwife or Physician)

Name of Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____
First Middle Last

Phone: (_____) _____ - _____ Email: _____

Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.

License Type: _____ License Number: _____ State of Issue: _____

ATTESTATION:

I hereby certify that I will provide general supervision to the above-named nurse at the facility listed. I understand that the applicant cannot work without a valid license, and if the intern license expires prior to their full license being issued, they must immediately cease practice.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Supervisor: _____ Date: _____

Please return this form to the applicant to submit with their application. Do not begin supervision until the applicant has been approved for an Intern license.

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$130.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the qualifying questionnaires.
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

LICENSURE BY APPLICATION

In addition to the items required for all applicants, you must submit the following items:

- Official transcripts documenting completion of an accredited Nurse Midwife Program. NOTE: Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap. Transcripts can be sent via secure email from your school's registrar's office to B7@Utah.gov.
- Documentation of passing the American College of Nurse Midwives Certification Council Examination. (e.g., copy of national certification card). *See "Optional CNM Intern License" below if you have not taken the required examination.
- If you are not currently licensed in the state of Utah as a Registered Nurse, you must submit official verification of an active RN and/or APRN license from one or more jurisdictions in which you are currently licensed.

LICENSURE BY ENDORSEMENT

In addition to the items required for all applicants, you must submit the following items:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see [our website](#) for additional information regarding approved states.
- Verification of current certification with AMCB as a CNM. **Note:** *Certification as a CM is not sufficient. Note: If your jurisdiction is not deemed equivalent for purposes of endorsement or your license is not in good standing, you may be able to use experience gained outside of the state to document the requirements for licensure by application. Please contact the board for additional details.*

CONTROLLED SUBSTANCE LICENSE

This license is optional for Certified Nurse Midwives.

If your practice in the state of Utah will include administering, possession or prescribing of controlled substances, you must apply for a Utah Controlled Substance License by submitting the following:

- \$100.00 non-refundable application processing fee, made payable to "DOPL".
 - Complete the "Utah Controlled Substance Law and Rule Affidavit" found in this application.
- *NOTE:** In addition to the Utah Controlled Substance License, you must hold a valid Federal Drug Enforcement Administration (DEA) registration.

OPTIONAL CERTIFIED NURSE MIDWIFE INTERN LICENSE

If you are applying for an CNM Intern license, in addition to the items required for all applicants and licensure by application applicants, you must submit the following:

- \$35.00 non-refundable application processing fee, made payable to "DOPL".
- Affidavit of Supervision for CNM Intern found in this application.

Submit completed application to the Division:

By US Postal Service:

**Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at B7@Utah.gov.