

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control \_\_\_\_\_ Department or Agency Alabama State Board of Midwifery  
Rule No. Appendix 1  
Rule Title: Forms Associated with These Rules and Regulations  
       New        X        Amend        Repeal        Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?        Yes       

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?        Yes       

Is there another, less restrictive method of regulation available that could adequately protect the public?        No       

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?        No       

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?        No       

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?        No       

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?        No       

\*\*\*\*\*

Does the proposed rule have an economic impact?        No       

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer               

Date        July 20, 2018       

(DATE FILED)  
(STAMP)

Alabama State Board of Midwifery

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Midwifery

RULE NO. & TITLE: Appendix 1 Forms Associated with These Rules and Regulations

INTENDED ACTION: New

SUBSTANCE OF PROPOSED ACTION: The Board proposes to establish the forms for licensure, complaints and other forms required to practice midwifery in the state.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written comments will be received by the Board until 4:00 p.m. on Wednesday, September 5, 2018. Comments should be directed to Noel J. Leithart, Board Chair at Post Office Box 1282, Gardendale, AL 35071 or via electronic mail at [fruitfulvinemidwife@gmail.com](mailto:fruitfulvinemidwife@gmail.com) or via telephone at 205-725-5306.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:  
Wednesday, September 5, 2018.

CONTACT PERSON AT AGENCY: Noel J. Leithart  
Board Chair  
Post Office Box 1282  
Gardendale, AL 35071  
(205) 725-5306

  
\_\_\_\_\_  
Noel J. Leithart, Board Chair  
Alabama State Board of Midwifery

## **APPENDIX 1**

### **FORMS ASSOCIATED WITH THESE RULES AND REGULATIONS**

Application For Licensure: Instructions  
Application For Licensure: Requirements  
Application For Licensure: Application Checklist  
Midwife Application For Licensure  
Annual Statistics Reporting Form  
Emergency Care Form  
Informed Consent Form  
Midwife Disclosure Form  
Complaint Form: Information and Process

**Author: Alabama State Board of Midwifery**

**Statutory Authority:** Code of Ala., 1975, 34-19-12, et seq.

**History:**

**NEW**  
**APPLICATION FOR LICENSURE: INSTRUCTIONS**

Dear Prospective Licensed Midwife,

Thank you for your interest in becoming a Licensed Midwife in Alabama. The following educational pathways to obtaining the Certified Professional Midwife (CPM) credential will be considered for licensure:

1. An applicant who has obtained a CPM credential through an education program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or by another accrediting agency recognized by the United States Department of Education.

**OR**

2. An applicant who has obtained a CPM credential prior to January 1, 2020, through a non-accredited pathway, provided the applicant obtains the Midwifery Bridge Certificate, or completes an educational program or pathway accredited by MEAC, or by another accrediting agency recognized by the United States Department of Education.

**OR**

3. An applicant who has maintained licensure in a state that does not require an accredited education, provided the applicant obtains the Midwifery Bridge Certificate or completes an educational program or pathway accredited by MEAC or by another accrediting agency recognized by the United States Department of Education.

Please submit proof of successful completion of one of the options listed above, along with: a completed licensure application; a government-issued photo ID; proof of current CPM certification by NARM; proof of liability insurance; the application fee of \$250; and initial license fee of \$550 to Alabama State Board of Midwifery, PO Box 1282, Gardendale, AL 35071.

License renewal will be required every two years, paying a \$600 fee and providing any other documents required under current rules for renewal. Renewal deadline will be July 1. The license will be considered expired if renewal has not occurred by July 1. Early renewals will be accepted but the date of renewal will remain July 1, no matter when the renewal was submitted.

All applicants shall be required to submit to a criminal background check for licensing purposes. This will be at their own expense.

We encourage you to contact our office if you have any further questions. All forms and instructions can be found at our website [www.ALSBM.org](http://www.ALSBM.org). Alternatively, you may reach us by e-mail at [AlabamaStateBoardofMidwifery@gmail.com](mailto:AlabamaStateBoardofMidwifery@gmail.com)

Sincerely,  
ALABAMA STATE BOARD OF MIDWIFERY  
PO Box 1282  
Gardendale, AL 35071

## APPLICATION FOR LICENSURE: REQUIREMENTS

To apply for midwifery licensure, each applicant must Ala. Code 34-19-15(a) :

1. Be at least 21 years old. Ala.Code 34-19-15(a)(1)
2. Be a citizen of the United States. Ala.Code 34-19-15(a)(2)
3. Have obtained a Certified Professional Midwife (CPM) credential through an education program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or by another accrediting agency recognized by the United States Department of Education. Ala.Code 34-19-15(a)(3)

### OR

An applicant who has obtained a CPM credential prior to January 1, 2020, through a non-accredited pathway, provided the applicant obtains the Midwifery Bridge Certificate or completes an educational program or pathway accredited by MEAC or by another accrediting agency recognized by the United States Department of Education. Ala.Code 34-19-15(b)(1)

### OR

An applicant who has maintained licensure in a state that does not require an accredited education, provided the applicant obtains the Midwifery Bridge Certificate or completes an educational program or pathway accredited by MEAC or by another accrediting agency recognized by the United States Department of Education. Ala.Code 34-19-15(b)(2)

Grounds for application denial, license suspension or revocation are as follows. A license may be denied, suspended, or revoked if the applicant:

1. Has obtained a license by means of fraud, misrepresentation, or concealment of material facts, including making a false statement on an application or any other document required by the board for licensure. Ala.Code 34-19-15(d)(1)
2. Has engaged in unprofessional conduct pursuant to rules adopted by the Alabama State Board of Midwifery. Ala.Code 34-19-15(d)(2)
3. Has been convicted of any felony. Ala.Code 34-19-15(d)(3)
4. Has performed an act that exceeds the scope of practice granted by the board to the Licensed Midwife. Ala.Code 34-19-15(d)(4)
5. Has had his or her license revoked, suspended, or denied in any other territory or jurisdiction of the United States for any act described in this subsection. Ala.Code 34-19-15(d)(5)

## APPLICATION FOR LICENSURE: APPLICATION CHECKLIST

Provided below is a checklist for your personal use and convenience containing all submission requirements to receive consideration for the issuance of a license to practice midwifery in the state of Alabama.

- ☐ Complete and sign the application page. All applications must be complete. Incomplete applications will not be processed or reviewed by the Alabama State Board of Midwifery.
- ☐ Attach copy of government-issued photo ID, such as driver's license or passport.
- ☐ Proof of citizenship
- ☐ Proof of completion of a MEAC accredited education program **OR** proof of Midwifery Bridge Certificate if applicant obtained their CPM through a non-accredited pathway prior to January 1, 2020 **OR** proof of Midwifery Bridge Certificate or completion of a MEAC accredited education program if applicant has maintained a midwifery license in another state that does not require accredited education.
- ☐ Proof of current CPM certification by NARM.
- ☐ Proof of current Professional Liability Insurance.
- ☐ Application fee of \$250 and initial license fee of \$550. The application fees are not refundable and will be applied to the action requested through this application only. Note: All returned checks are subject to a \$35 fee.
- ☐ Criminal background check form and applicable fee.

Please send all application materials and fees to the address listed above.

Additional information may be obtained on the web at [www.ALSBM.org](http://www.ALSBM.org)

Please address further questions to [AlabamaStateBoardofMidwifery@gmail.com](mailto:AlabamaStateBoardofMidwifery@gmail.com)

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

Name: \_\_\_\_\_  
FIRST MIDDLE INITIAL MAIDEN NAME (IF APPLICABLE) LAST

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Fax number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Have you been convicted of a felony or subject to disciplinary action in another state or jurisdiction? 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.

I, the undersigned, have read and understand and agree to abide by the requirements, scope, and limitations of the law, governing the practice of licensed midwifery in Alabama and of the licensure process. 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

ADD NOTARY SIGNATURE AND SEAL

## ANNUAL STATISTICS REPORTING FORM

Name: \_\_\_\_\_

Alabama Midwifery License #: \_\_\_\_\_

Statistics for Calendar year of: \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_.

(Date begin) (Date end)

According to Alabama Code 34-19-12 (m)(1), Licensed Midwives are required to file annually with the Alabama State Board of Midwifery the following information. Please submit to the ASBM via email or PO Box found on the website. [www.ALSBM.org](http://www.ALSBM.org)

As primary licensed midwife		As assistant to another licensed midwife
	Total number of births	
	Total number of maternal transports	
	Total number of infant transports	
	Total number of maternal deaths	
	Total number of infant deaths	

I, \_\_\_\_\_ attest that the above data is complete, correct, and true. I understand that the Alabama State Board of Midwifery is required to make this information available to the public in accordance with state law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## EMERGENCY CARE FORM

This document sets forth the plan should an event occur during the course of midwifery care in an out-of-hospital setting which requires immediate maternal or infant transport to a hospital capable of providing necessary emergency services. Ala.Code 34-19-14(a)(4) The licensed midwife will initiate transport in the case of a maternal or neonatal emergency.

Name of Client: \_\_\_\_\_

Anticipated address at time of labor and birth: \_\_\_\_\_

\_\_\_\_\_

Hospital nearest to anticipated address at time of labor and birth: \_\_\_\_\_

\_\_\_\_\_

Telephone number(s) for hospital: \_\_\_\_\_

Emergency services telephone number: \_\_\_\_\_

In the event of a maternal and/or neonatal emergency in an out-of-hospital setting, the emergency plan is to transport to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Midwife Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## INFORMED CONSENT FORM

Ala.Code 34-19-14(a)(4)

I understand that a licensed midwife is not necessarily a licensed physician or nurse, and I am not seeking the services of either a doctor or a nurse for my home birth.

The risks associated with midwifery care and home birth have been explained to me and I understand those risks.

I acknowledge that birth can include a risk of disability and/or death for mother and/or child.

I, the undersigned, consent to receive licensed midwifery care for myself and my baby. I consent to licensed midwifery care for antepartum, intrapartum, postpartum, and for my newborn in an out-of-hospital setting.

I understand that after birth occurs, the licensed midwife will assess, monitor, and support the mother and newborn during the immediate postpartum period until they are in stable condition, and during the six-week postpartum period.

I understand it is recommended that every newborn see a pediatrician.

I understand that a transfer may be required to protect the safety of myself or my newborn if signs or symptoms are observed by the licensed midwife that necessitate such transfer.

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Midwife Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

MIDWIFE DISCLOSURE FORM  
Ala.Code 34-19-14(a)(4)

I, the undersigned, acknowledge by placing my initials beside each item that I have been informed of the following.

\_\_\_\_\_ Midwife Name: \_\_\_\_\_

\_\_\_\_\_ Midwife Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Midwife Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Midwife License Number: \_\_\_\_\_

\_\_\_\_\_ Midwife's education, training, and experience in midwifery in relation to both mother and newborn Ala.Code 34-19-16(b)(1):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Midwife's Professional Liability Insurance Coverage Status Ala.Code 34-19-16(b)(6):

☐ Active

☐ Inactive

\_\_\_\_\_ I understand that certain conditions may arise which would require my referral, transfer of care, and/or transport to a hospital. I have received a list of these antepartum, intrapartum, and postpartum conditions Ala.Code 34-19-16(b)(3).

\_\_\_\_\_ I have received a copy of the plan for referral, transfer, and/or transport of myself, my newborn, or both, in the case that conditions arise which necessitate this. Ala.Code 34-19-16(b)(2)

\_\_\_\_\_ I have received a copy of instructions regarding how to file a complaint against my midwife's license Ala.Code 34-19-16(b)(4).

\_\_\_\_\_ I understand that my records and any transactions with my midwife are confidential pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA) and I have received a HIPAA Privacy Practices Statement. Ala.Code 34-19-16(b)(5)

\_\_\_\_\_ I have received references to current evidence regarding the safety of midwifery care in out-of-hospital settings, including the American Congress of Obstetricians and Gynecologists' most recent statement on homebirth. Ala.Code 34-19-16(b)(7)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Midwife Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## COMPLAINT INFORMATION AND PROCESS

The Alabama State Board of Midwifery (ASBM) is sending the enclosed in response to your request regarding submission of a complaint against a licensed midwife. The ASBM is a State Board created by the Alabama legislature to regulate and enforce the practice of midwifery in the State of Alabama pursuant to statute and rules. The statute allows the Board to adopt rules to enforce the provisions. Upon receipt of a complaint against any individual licensed by the Board, the following process takes place. Ala. Code 2017-383 34-19-15, et seq.

Step 1: The ASBM receives a written complaint and other related documents. The complaint will not be processed unless the Complaint Form and all other related documents are fully completed and signed.

Step 2: The ASBM will acknowledge receipt of the complaint and request the complainant to complete and sign any other documents necessary to investigate the complaint.

Step 3: The ASBM will request, utilizing signed releases and authorizations, all necessary documents and records.

Step 4: Depending on the nature and circumstances of the complaint, the complainant or other individuals may be interviewed by the ASBM or its duly authorized agents or representatives.

Step 5: The complaint and all documents and information obtained are then assigned to a Complaint Review Committee consisting of three members of the ASBM. The Complaint Review Committee then determines whether probable cause exists to support a violation of any of the provision of the law or statute. If there is a determination of no probable cause, the complainant and the midwife are so notified. If there is a determination that probable cause exists, the administrative disciplinary process is instituted, which includes, among other things, a notice of charges and hearing before the ASBM.

Step 6: At the conclusion of the hearing, the ASBM renders a decision. If there is a determination of guilt, the ASBM has disciplinary options including revocation, suspension or probation of the midwifery license, fines and/or the imposition of costs.

Step 7: The ASBM strives to complete the complaint process as expeditiously as possible; however, for a variety of reasons, it is not uncommon for the complaint process to take a considerable amount of time.

## COMPLAINT FORM

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Statement of complaint - Include dates, name(s), of witness(es) and attach documents (if any). Pages may be added if necessary.

\_\_\_\_\_  
Name of Midwife

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

By signing this form, I authorize the Alabama State Board of Midwifery, its agents and/or its duly authorized representatives to disclose this information to any necessary individual or entity. I also agree to execute any releases, other related or necessary documents in order for the ASBM to process and investigate my complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

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

Name: \_\_\_\_\_

FIRST

MIDDLE INITIAL

MAIDEN NAME (IF APPLICABLE)

LAST

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Fax number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

- Please enclose Proof of Current CPM
- Proof of Professional Liability Insurance
- Renewal Fee
- Background check form and applicable fee

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.

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 submit my current CPM, Professional Liability verification, and annual statistics by July 1 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