

# **Direct Entry Midwifery Practitioner Application Packet**



## **HEALTH LICENSING OFFICE**

1430 Tandem Ave. Suite 180, Salem, OR 97301-2192

Phone: 503-378-8667 | Fax: 503-370-9004

[www.healthoregon.org/hlo](http://www.healthoregon.org/hlo) | Email: [hlo.info@state.or.us](mailto:hlo.info@state.or.us)

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**DIRECT ENTRY MIDWIFERY PRACTITIONER APPLICATION  
INFORMATION**

**ENCLOSED**

- License Application
- Documentation of Minimum Requirements Form
- Legend Drugs and Devices Initial Education Transcript

**APPLICATION REQUIREMENTS**

Ref: OAR 332-015-0030

*References to "HLO" herein means Health Licensing Office.*

**Applicants must:**

- Meet the requirements of OAR 331-030-0000
- Submit a completed, signed and dated application with payment of the required fees
- Provide one form of photographic identification such as a driver license, state ID card, passport or military ID card (copy front and back). Refer to [www.healthoregon.org/hlo](http://www.healthoregon.org/hlo) for a complete list of acceptable identification.
- Provide evidence of a current certification in cardiopulmonary resuscitation for adults, neonates and infants
- Provide official documentation, on a form prescribed by the HLO, demonstrating completion of an approved initial Legend Drugs and Devices program as established in OAR 332-015-0030, if training was received within 12 months of application. If training was not received at time of application this information must be disclosed to each patient on the patient disclosure form required under OAR 332-025-0020.
- Provide a written plan for emergency transport for mother or newborn as established in OAR 332-015-0030
- Provide documentation demonstrating completion of the participation requirements listed in OAR 332-015-0030
- Satisfy the requirements for the required Qualification Pathway

**QUALIFICATION PATHWAY**

Ref: OAR 332-015-0030

**Individuals may qualify for an Oregon license only if they hold a current Certified Professional Midwife (CPM) credential from the North American Registry of Midwives (NARM).**

**CPM Credential**

Applicant must arrange for NARM to deliver documentation directly to the HLO confirming a current CPM credential.

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

**FEES**

Re: OAR 332-040-0000

**Application (non-refundable)**

- Initial Licensure \$150

**License**

- Initial \$800\*

*\* As of July 1, 2015 an applicant applying for an original license totaling \$800 may be granted a \$350 license fee discount for a total cost for the license \$450 until July 1, 2019. An application fee of \$150 must be paid in order to grant the \$350 license fee discount. The license fee discount is available to individuals who meet all application requirements for direct entry midwifery licensure under OAR 332-015-0030 and reside in Oregon. Only applicants who have not held a direct entry midwifery license in Oregon qualify for the discount.*

*Licenses are valid for one year.*

*Refer to <http://www.healthoregon.org/hlo> for a complete list of approved fees.*

**PAYMENT OPTIONS**

HLO accepts cash, check, Money-order, Visa, Discover and MasterCard. Payments must be made for the exact amount required.

Applicants are encouraged to contact the HLO if they plan to pay with a third-party check or credit card.

## NOTICE TO APPLICANTS

1. A person may not practice direct entry midwifery in this state or use the title “licensed direct entry midwife” any abbreviation thereof or the initials “LDM” unless the person possesses an active license issued under ORS 687.405 to 687.495, unless:
  - The person is a licensed health care practitioner and the services described in ORS 687.405 are within the scope of the person’s license; or
  - The person is acting as a traditional midwife and does not use legend drugs or devices, the use of which requires a license under the laws of this state;
  - The person does not advertise that the person is a midwife; and
  - The person discloses to each client, on a form adopted by the State Board of Direct Entry Midwifery, the following information:
    - (i) That the person does not possess a professional license issued by the state;
    - (ii) That the person’s education and qualification have not been reviewed by the state;
    - (iii) That the person is not authorized to carry and administer potentially life-saving medications;
    - (iv) That the risk of harm or death to a mother or newborn may increase as a result of the information described in sub-paragraphs (i) and (ii) of this subparagraph;
    - (v) A plan for transporting the client to the nearest hospital, as defined in ORS 442.015, if a problem arises during labor or childbirth;
    - (vi) That the client will not have recourse through a complaint process; and
    - (vii) The types of midwives who are licensed by the state.
2. An applicant who has been the subject of any disciplinary action, including the imposition of a civil or criminal penalty, is not considered qualified for an Oregon authorization to practice until the HLO determines the scope, applicability and finality of the disciplinary action as it relates to the applicant’s fitness to be issued an authorization to practice or use a professional title under a board or council listed in ORS 676.583. The disciplinary record may include, but not be limited to, actions imposed from the following:
  - (a) An Oregon health professional regulatory board as defined in ORS 676.160;
  - (b) A regulatory authority in Oregon or another state;
  - (c) A regulatory authority in another country or territory.

3. Pursuant to ORS 181.534, 676.612 and OAR 331-030-0004, the HLO may require an applicant to complete a fingerprint check through the Oregon Department of Oregon State Police. The HLO may also conduct a criminal background check of convictions to determine whether the applicant has been convicted of a crime that may affect the applicant’s fitness to practice in accordance with ORS 670.280.
4. Material misrepresentation or material errors of fact on an application for or renewal of an authorization are grounds for disqualification of examination, refusal to issue or revocation of the authorization. Refer to ORS 676.612.

## OFFICE INFORMATION

### **Address**

HLO  
1430 Tandem Ave. NE, Suite 180  
Salem, OR 97301-2192  
Phone: (503) 378-8667  
FAX: (503) 370-9004  
Website: <http://www.healthoregon.org/hlo>  
E-mail: [ohla.info@state.or.us](mailto:ohla.info@state.or.us)

### **Business Hours**

- Monday  
8 am to 4:30 pm
- Tuesday  
9 am to 4:30 pm
- Wednesday – Friday  
8 am to 4:30 pm

***The HLO is closed on all state-recognized holidays.***

### **Parking**

The HLO now offers free parking.



HEALTH LICENSING OFFICE

Board of Direct Entry Midwifery

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DIRECT ENTRY MIDWIFERY PRACTITIONER LICENSE APPLICATION

1. Applicant Information

APPLICANT NAME: LAST FIRST MIDDLE INITIAL

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY STATE ZIP

PHONE: HOME CELL BUSINESS TELEPHONE EMAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER (REQUIRED)

Female Male

- Have you ever been known under any other name?
Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state?

Table with 3 columns: State, Lic./Cert./Reg.#, Expiration

2. \*\*\* (Complete This Section Only If Submitting Payment By Mail) \*\*\*

Method Of Payment For Application Fee = \$150; License Fee = \$800 - Note: (As of July 1, 2015 an applicant applying for an original license totaling \$800 may be granted a \$350 license fee discount...)

Please check one: Cash Check Money order Purchase order Credit card
Type of Credit Card: Visa MasterCard Discover
Name on card:
Card number: Exp: Authorized amount: \$
Cardholder signature:

(Do not write in this section - Official use only)

License #: Initials OTC VerifiedID Type:

**3. Individual Records Questions:** Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.  Yes  No If yes, please explain **(attach additional pages if necessary):**

● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list <b>all</b> convictions, including the charges as stated in the court documents and year convicted <b>(attach additional pages if necessary).</b>	Year Convicted

● As of today are you on probation or parole?  Yes  No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

**Applicant Signature:**

**Date:**

ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

**Applicant Signature:**

**Date:**

#### 4. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

##### **Ethnic Background** (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American** (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.
- (H) **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- (I) **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

#### **REQUIREMENTS FOR DIRECT ENTRY MIDWIFERY LICENSE APPLICATION**

Applicant Must:

- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fee = **\$150** and license fee = **\$800** (see **method of payment section above**). **Note:** (As of July 1, 2015 an applicant applying for an original license totaling \$800 may be granted a \$350 license fee discount for a total cost for the license \$450 until July 1, 2019. An application fee of \$150 must be paid in order to grant the \$350 license fee discount. The license fee discount is available to individuals who meet all application requirements for direct entry midwifery licensure under OAR 332-015-0030 and reside in Oregon. Only applicants who have not held a direct entry midwifery license in Oregon qualify for the discount.)
- Submit one form of acceptable **photographic** identification as outlined in OAR 331-030-0000(10), **which must include applicant's current legal name:** Front and back of legible (clear) photocopies if submitted by mail; *driver license, state ID card, passport or military ID card;*
- Submit proof of current cardiopulmonary resuscitation for adults, neonates and infants;
- Submit proof of having a high school diploma or General Education Degree (GED);
- Submit a written plan for emergency transport for mother or newborn pursuant to OAR 332-025-0020;
- Submit satisfactory evidence of having current CPM credential from NARM;
- Submit documentation of satisfactory completion of required education in approved legend drugs and devices on a form prescribed by the HLO, if training was received within 12 months of application. If training was not received at time of application this information must be disclosed to each patient on the patient disclosure form required under OAR 332-025-0020; and
- Submit documentation of satisfactory completion of the following minimum requirements on a form prescribed by the HLO:
- Participation as an assistant at 25 deliveries
  - 25 deliveries for which the applicant was the primary birth attendant
  - Participation in 100 prenatal care visits
  - 25 newborn examinations
  - 40 postnatal examinations

The applicant must have provided continuity care for at least 10 of the primary birth attendant deliveries, including four prenatal visits, one newborn examination and one postpartum exam. Of these 50 births, at least 25 deliveries must have taken place in an out-of-hospital setting and 10 births must have occurred within the two years or 24 months preceding the date of application.

**Note:** When there is more than one birth attendant present at the same birth, the birth attendants must designate which birth attendant is primary.

**Return All Pages of this Application and Keep a Copy for Your Records**

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**APPLICANT MINIMUM PARTICIPATION REQUIREMENTS**

**Applicant Information**

APPLICANT NAME: LAST	FIRST	MI
TODAY'S DATE	BIRTHDATE	SOCIAL SECURITY NUMBER <b>(REQUIRED)</b>

The Health Licensing Office (HLO), Board of Direct Entry Midwifery (DEM), requires applicants for midwifery licensure to provide verification of meeting minimum participation requirements as listed in Oregon Revised Statute 687.420 and Oregon Administrative Rule 332-015-0030.

The chart below lists the minimum requirements established within Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) and the NARM certification requirements. The Additional Requirements column identifies the balance of requirements due and that need to be verified.

<b>Application Section/Required Experience:</b>	<b>Oregon Requirements</b>	<b>NARM Requirements</b>	<b>Additional Requirements</b>
<b>Section 1: Assisted Deliveries</b>	25	20	5
<b>Section 2: Primary Care Delivery</b>	25	20	5
<b>Section 3: Prenatal Care Visits</b>	100	75	25
<b>Section 4: Newborn Examinations</b>	25	20	5
<b>Section 5: Postnatal Examination</b>	40	40	0
<b>Section 6: Continuity of Care</b>	10	3	7

Continuity of Care – For at least 10 of the primary care deliveries includes:

- a. Four (4) prenatal visits
- b. One (1) newborn examination; and
- c. One (1) postpartum examination

<b>Section 7: Out-of-Hospital Setting</b>	25	10	15
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Out-of-Hospital Settings – Of the 50 births as the primary birth attendant or participation as an assistant:

- a. At least fifteen (25) deliveries must have taken place in an out-of-hospital setting; and
- b. Of the 25 deliveries, ten (10) births must have occurred within the two years or 24 months preceding the date of application.

Applicant must keep copies of the client charts for all births. The original charts shall be kept by the supervisor. This form must record all entry-level experience requirements. **NOTE:** See Birth Site Code key at bottom of form.

**Section 1: Assisted Deliveries (Required 25 = NARM 20 + 5 Additional)**

<b>NARM 20 + 5</b>	<b>Assisted Delivery #</b>	<b>Client # or Code</b>	<b>Birth Site or Code<sup>1</sup></b>	<b>Date and Time of Birth</b>	<b>Supervisor Signature<sup>2</sup></b>
21					
22					
23					
24					
25					

**Section 2: Primary Care Deliveries (Required 25 = NARM 20 + 5 Additional)**

<b>NARM 20 + 5</b>	<b>Primary Care Delivery #</b>	<b>Client # or Code</b>	<b>Birth Site or Code</b>	<b>Date and Time of Birth</b>	<b>Supervisor Signature</b>
21					
22					
23					
24					
25					

**Section 3: Prenatal Care (Required 100 = NARM 75 + 25 Additional)**

<b>NARM 75 + 25</b>	<b>Prenatal Care #</b>	<b>Client # or Code</b>	<b>Date of Prenatal Visit</b>	<b>Supervisor Signature</b>
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
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90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				

**Section 4: Newborn Examination (Required 25 = NARM 20 + 5 Additional)**

<b>NARM 20 + 5</b>	<b>Newborn Exam #</b>	<b>Client # or Code</b>	<b>Birth Site or Code</b>	<b>Date and Time of Birth</b>	<b>Supervisor Signature</b>
21					
22					
23					
24					
25					

**Section 5: Post Natal Examination – No additional requirements needed****Section 6: Continuity Of Care As Primary Birth Attendant (Required 25 = NARM 3 + 7 Additional)**

<b>NARM 3 + 7</b>	<b>Continuity of Care #</b>	<b>Client # or Code</b>	<b>Dates of Prenatal Visits (minimum of 4)</b>	<b>Date and Time of Birth</b>	<b>Date of Newborn Exam</b>	<b>Date of Postpartum Exam (minimum of 1)</b>
4						
5						
6						
7						
8						
9						
10						

**Section 7a: Out-Of-Hospital Setting (Required 25 = NARM 10 + 15 Additional)**

List 15 deliveries which took place in an out-of-hospital setting where you served as the primary care provider or birth assistant. If the births listed in sections 1 and 2 took place in an out-of-hospital setting, you are not required to re-list those births in this section. You need to report a total of 15 out-of-hospital births between sections 1, 2 and 7.

<b>NARM 10 + 15</b>	<b>Primary Care (PC) # or Birth Assistant (BA) #</b>	<b>Specify PC or BA</b>	<b>Client # or Code</b>	<b>Birth Site or Code</b>	<b>Date and Time of Birth</b>	<b>Supervisor Signature</b>
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

**Section 7b: Births Within Two Years Preceding Application (Oregon Requirement = 10)**

List 10 births where you served as the primary care provider or birth assistant that occurred within two years preceding the date of application. If the births listed in section 1, 2 and 7a occurred within two years preceding the date of application, you are not required to re-list those births in this section. You need to report 10 births that occurred within the two years preceding the date of application between sections 1, 2, 7a and 7b.

Oregon Required	Primary Care (PC) # or Birth Assistant (BA) #	Specify PC or BA	Client # or Code	Birth Site or Code	Date and Time of Birth	Supervisor Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

1 Birth Site Codes: **HM** = Home **FBC** = Free-standing birth center **H** = Hospital **HBC** = Hospital birthing center **O** = Other (car, etc.)

2 Supervisor signature – A detailed letter from the supervisor that includes the clinical experience obtained for each birth may be submitted in the absence of the supervisor’s signature on this form.

**Remit this Form with Your Application and Keep a Copy for Your Records**