



## SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

27705 460<sup>th</sup> Avenue, Chancellor, SD 57015

Phone: 605-743-4451 Email: [cpmsdlicense@gmail.com](mailto:cpmsdlicense@gmail.com)

Home Page: [doh.sd.gov/boards/midwives/](http://doh.sd.gov/boards/midwives/)

### APPLICATION FOR SOUTH DAKOTA CERTIFIED PROFESSIONAL MIDWIFE LICENSE

Please follow instructions carefully to avoid delays in processing your application. If any information is incorrect, incomplete or illegible, processing may be delayed. Upon receipt of all forms and fees at the South Dakota Board of Certified Professional Midwives office your application will be considered. You will be notified if additional information is required. It can take up to six months to process an application.

#### Submit the following to the South Dakota Board of Certified Professional Midwives:

- Completed **Application for CPM License Form**
- **Official transcript** Transcripts must be sent by the institution that conferred the document.
- **Official copy of your diploma or certificate** Diplomas must bear the school seal and Dean, Registrar, or equivalent signature.
- **Letter of good standing** from every state where you currently hold licensure.
- **Bridge Certificate from NARM and description of your educational experiences**  
If non-MEAC school graduate
- **Criminal Background Check** Pursuant to SDCL 36-9C-12 each applicant for initial licensure is required to submit a full set of fingerprints to obtain a state and federal criminal background check. Upon request or receipt of your completed application, the South Dakota Board of Certified Professional Midwives will provide you a background check packet which will include SDBCPM specific fingerprint cards. You **must** use the agency specific cards.
- **Fee: \$1000** Payment should be in the form of a money order or personal check payable to South Dakota Board of Certified Professional Midwives. Fees are refundable in very limited circumstances and must accompany form. A \$40 fee will be charged for any insufficient check written.

#### Licensure fee refunds:

The \$1000 CPM licensure fee will include two components: a \$500 nonrefundable portion and a \$500 portion that is refundable if the application is withdrawn or denied. Adopted 9/19/19



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**APPLICATION FOR SOUTH DAKOTA CERTIFIED PROFESSIONAL MIDWIFE LICENSE**

*Please READ All accompanying instructions and preparation checklist prior to completing this application.*

*All questions MUST be answered and ALL supporting documentation MUST be submitted.*

<b>1. Name</b>		<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>2. Other name or aliases you have used (include maiden name)</b>				
<b>3. Public Mailing Address: (Address of Record – Include Apt. #, City, State, Zip Code)</b>				
<b>4. Telephone Numbers</b>		<b>Home</b> ( ) ( )	<b>Work</b> ( ) ( )	<b>Cell (if available)</b> ( ) ( )
<b>5. Social Security Number</b>  ____ - ____ - ____		<b>6. Sex:</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>7. Date of Birth: (Month/Date/Year)</b>
<b>8. If you have completed a MEAC approved midwifery education program, list the name and address of the program and provide official transcripts and an official copy of your diploma or certificate. Official copies of diplomas must bear the school seal and the Dean, Registrar or equivalent's signature. Transcripts must be sent by the institution that conferred the document/certificate.</b>				
<b>Name</b>		<b>ADDRESS</b>		<b>DATES OF ATTENDANCE (From: - To:)</b>
<b>9. NARM Registration Number &amp; Date of Certification: # _____ Issue date ____/____/____ Expiration Date: ____/____/____</b>				
If non-MEAC school graduate, please provide a copy of your Bridge Certificate from NARM and a description of your educational experiences.				
<b>10. Have you ever been licensed to practice midwifery or any other healing art in another state/country? If yes, list state/country issuing authority, license number, date issued and date of expiration in each issuing agency's jurisdiction. Submit a letter of Good Standing (LGS) from each state in which you are or have held a license.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>State or Country</b>		<b>License Number</b>		<b>Date of Expiration</b>
<b>DISCIPLINARY INFORMATION</b>				
<b>If "YES" is answered to any of the below questions please attach a detailed explanation. You must also submit copies of charges or citations and ALL communication with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion / compliance with court requirements.</b>				
<b>1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or adjudication, suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense, other than minor traffic violations, that have not previously been reported to the board?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2. Is there any pending charge(s) against you with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>4. Has any CPM license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>5. Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>6. Have you ever been treated for abuse or misuse of any alcohol or chemical substance?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>7. Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. Do you currently owe child support arrearages in the amount of \$1000 or more?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO

<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>PHOTO AREA</p> <p>(Not to exceed 2"x 3")</p> <p>(within 12 months)</p> <p>PHOTO MUST BE OF YOUR HEAD AND SHOULDER AREA ONLY</p> </div>	<p style="text-align: center;"><b>PHOTO DECLARATION</b></p> <p>I HEREBY DECLARE AND VERIFY, UNDER PENALTY OF PERGURY, UNDER THE LAWS OF THE STATE OF SOUTH DAKOTA, THAT THE PHOTO OF MYSELF ATTACHED HERETO, WAS TAKEN ON OR ABOUT _____.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant Signature</p>
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**APPLICANT DECLARATION, SIGNATURE, & NOTARY**

State of \_\_\_\_\_

County of \_\_\_\_\_

The applicant, \_\_\_\_\_, being first duly sworn upon his/her oath, disposes and says, that I am the person herein named and subscribing to this application; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; were not procured with fraud or misrepresentation or any mistake of which h the applicant is aware. Further, I hereby authorize all institutions or organizations, my references, and all government agencies (local, state, federal, or foreign) to release to the South Dakota Board of Certified Professional Midwives or its successors any information, files, or records required by the Board in connection with this application; or my ability to safely engage in the practice of certified professional midwifery. I further authorize the South Dakota Board of Certified Professional Midwives or its successors to release to the organization, individuals, or groups listed above any information which is material to this application or any subsequent licensure. I FURTHER UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE, IF ISSUED.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, personally known to me or proved to on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL  
HERE

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**Initial Licensure Fee-\$1000**

Fee includes two components: \$500 nonrefundable and \$500 refundable if the application is withdrawn or denied.

**Make checks payable to: SD Board of Certified Professional Midwives.**