



SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

27705 460th Avenue, Chancellor, SD 57015

Phone: 605-743-4451 Email: cpmsdlicense@gmail.com

Home Page: doh.sd.gov/boards/midwives/

Student Midwife Provisional License Instructions

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.

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

- Completed **Student Midwife Application form**
- Completed **Student Midwife Provisional License and Preceptor Agreement**
- Official **letter of proof of enrollment** from MEAC approved program.
- **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: \$500** Payment should be in the form of a money order or personal check payable to South Dakota Board of Certified Professional Midwives. Fees are non-refundable and must accompany form. A \$40 fee will be charged for any insufficient check written.



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APPLICATION FOR SOUTH DAKOTA CERTIFIED PROFESSIONAL MIDWIFE STUDENT LICENSE

Please READ All accompanying instructions and preparation checklist prior to completing this application. ALL questions contained in this application must be answered and all supporting documentation must be submitted.

1. Name		Last	First	Middle
2. Other name or aliases you have used (include maiden name)				
3. Public Mailing Address: (Address of Record – Include Apt. #, City, State, Zip Code)				
4. Telephone Numbers	Home ()	Work ()	Cell (if available) ()	
5. Social Security Number _____ - _____ - _____	6. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		7. Date of Birth: (Month/Date/Year)	
8. MEAC approved midwifery education program which you have been or are enrolled in.				
Name		ADDRESS		DATES OF ATTENDANCE (From: - To:)
9. 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. <input type="checkbox"/> YES <input type="checkbox"/> NO				
State or Country	License Number	Date of Issuance	Date of Expiration	
DISCIPLINARY INFORMATION				
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.				
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?				<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is there any pending charge(s) against you with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?				<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?				<input type="checkbox"/> YES <input type="checkbox"/> NO
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?				<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been subject to proceedings by a professional society to revoke, reduce, or restrict membership?				<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been treated for abuse or misuse of any alcohol or chemical substance?				<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?				<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Do you currently owe child support arrearages in the amount of \$1000 or more?				<input type="checkbox"/> YES <input type="checkbox"/> NO



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PHOTO AREA

(Not to exceed 2"x 3")

(within 12 months)

PHOTO MUST BE OF YOUR HEAD
AND SHOULDER AREA ONLY

PHOTO DECLARATION

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

_____.

Applicant Signature

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 Student Licensure Fee - \$500
Make checks payable to: SD Board of Certified Prof. Midwives