



SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

27705 460th Ave, Chancellor, SD 57015

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

<https://doh.sd.gov/licensing-and-records/boards/certified-professional-midwives/>

Application for Certified Professional Midwife License Renewal

Licensure renewal information and fees must be received by the South Dakota Board of Certified Professional Midwives office *by your license expiration date* or your license will lapse. **It is illegal to practice professional midwifery in South Dakota without an active CPM license.** You are responsible to maintain licensure whether or not you receive a renewal notice.

All forms and fees must be postmarked on or before your expiration date to avoid lapsing.

Please follow instructions carefully to avoid delays in processing your renewal. 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 for renewal. You will be notified if additional information is required.

To RENEW your CPM license, **submit the following** to the South Dakota Board of Certified Professional Midwives office:

- Completed ***Application for CPM License Renewal Form***
- Completed ***Verification of Experience Form***
- **Fee: \$1500**
 - 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 to Renew CPM License

I request to RENEW:

SD CPM License Number: _____

Name(Last): _____ (First): _____ (Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(Home): _____ (Work): _____ (Cell): _____

Date of Birth: ____/____/____ Email Address: _____

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.

Please report all instances not previously reported to the board. Have you ever:

1.	Committed fraud, deceit, or misrepresentation in procuring or attempting to procure a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Aided or abetted an unlicensed person to practice as a certified professional midwife in South Dakota?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Engaged in practice as a certified professional midwife under a false or assumed name and failed to register that name pursuant to chapter 37-11 or impersonated a license holder of a like or different name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Committed an alcohol or drug related act or offense that interferes with the ability to practice midwifery safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Negligently, willfully, or intentionally acted in a manner inconsistent with the health and safety of those entrusted to your care as a certified professional midwife?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Had the authorization to practice as a certified professional midwife denied, revoked, or suspended or had other disciplinary action taken in another state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Violated any provision of Chapter 36-9C or rule pursuant to 36-9C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Been convicted of a misdemeanor and/or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Engaged in substandard, unprofessional, or dishonorable conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Verification of Experience Form

NARM CPM certification current: No Yes

Effective Dates : From _____ To _____

Submit copy if renewed during the past licensure period

Are you a NARM CPM approved preceptor? No Yes

Do you have any students? No Yes

Continuing education units taken: _____

Have you obtained a license in another state(s) since previous licensing period? No Yes

If yes: Where _____

Do you have an active license in another state(s)? No Yes

If yes: Where _____

According to SDCL:36-9C-16 (3) Evidence that the license holder has a minimum of 140 hours in the preceding 12-month period, or 480 hours in the preceding 6-year period, of patient care, employment, or volunteer work in midwifery;

Are you currently working as a CPM? No Yes 12-month ____ or 6-year ____

Births attended _____

Average hours of care given _____

Estimated hours served _____

If no, are you:

___ Retired

___ Inactive

___ Volunteer Volunteer hours _____

I, the undersigned, declare and affirm under the penalties or perjury that this application for licensure renewal in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things correct and true.

Signature of Applicant: _____ Date: _____

The board may request a review of your records to verify the hours specified on this form