

**MONTANA BOARD OF ALTERNATIVE HEALTH CARE**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA MONTANA 59620-0513**  
**(406) 841-2203 FAX (406) 841-2305**  
**EMAIL: [dlibsdahc@mt.gov](mailto:dlibsdahc@mt.gov) WEBSITE: [www.althealth.mt.gov](http://www.althealth.mt.gov)**

**DIRECT-ENTRY MIDWIFE LICENSURE IN MONTANA**

**THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.** APPLICATIONS MUST BE APPROVED BY THE BOARD MEMBERS. AVERAGE APPROVAL TIME, AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION, IS 90 DAYS. A COMPLETED APPLICATION MUST BE RECEIVED BY THE BOARD 15 BUSINESS DAYS PRIOR TO A SCHEDULED BOARD MEETING. PLEASE REFER TO OUR WEBSITE FOR BOARD MEETING DATES.

**DIRECT-ENTRY MIDWIVES ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**LICENSURE REQUIREMENTS**

DIRECT-ENTRY MIDWIFE LICENSURE BY EXAMINATION: Applicant is not licensed in any other state as a direct-entry midwife. Applicant must:

- 1) be of good moral character;
- 2) possess a high school diploma or its equivalent;
- 3) be at least 21 years of age;
- 4) pass the North American Registry of Midwives licensing exam (NARM) with a score of 75 or better or an exam endorsed by the Board;
- 5) have filed documentation that the applicant has been certified to perform adult and infant cardiopulmonary resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
- 6) have filed documentation that the applicant has been certified to perform neonatal resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
- 7) have demonstrated to the Board that the educational and supervised, practical experience requirements in 37-27-201(3) and (4) have been met; and
- 8) have submitted a complete application accompanied by the appropriate fee and all supporting documents.

DIRECT-ENTRY MIDWIFE LICENSEES FROM OTHER STATES: Applicant must:

- 1) have a current license in good standing from a state or jurisdiction whose license was issued under standards equivalent to or greater than current standards in this state (i.e., meet standards 1-7 above) and;
- 2) provide verification from the state or states in which the applicant is licensed that the applicant is not subject to pending charges or final disciplinary action for unprofessional conduct or impairment.

DIRECT-ENTRY APPRENTICES: Applicant must:

- 1) work only under direct supervision (within the physical presence) of an approved supervisor who has completed the Board's supervision form;
- 2) have filed documentation that the applicant has been certified to perform adult and infant cardiopulmonary resuscitation. Certification must be current at the time of applicant and remain valid through the license period.
- 3) have submitted a curriculum outline or method of academic learning that meets the Board's education requirements for licensure (MW Form 1 completed);
- 4) have submitted a complete application accompanied by the appropriate fee and all supporting documents.

**FEES: \$300 Midwife App Fee      Midwife Apprentice App fee \$200**

**\$200.00 Midwife Original Licensee Fee to be paid Upon Board Approval of Application**

**DOCUMENTS:** The following documents must be submitted to the Board office in order to complete your license application. **The completed application and all supporting documents submitted by you** must be received 15 business days prior to a Board meeting.

FOR DIRECT-ENTRY MIDWIFE EXAMINATION CANDIDATES:

- 1) Application fee of \$300 (non-refundable) made payable to the Board of Alternative Health Care.
- 2) Certified copy of transcript verifying graduation sent directly to the Board office from the high school or GED verifying agency.
- 3) Documentation of good moral character consisting of three letters of reference, at least one of which must be from a licensed direct-entry midwife.
- 4) A copy of a current CPR card indicating that the applicant is certified by the American Heart Association or the American Red Cross to perform adult and infant cardiopulmonary resuscitation.
- 5) A copy of a current neonatal card indicating that the applicant is certified by the American Heart Association or the American Academy of Pediatrics to perform neonatal resuscitation.
- 6) Completed "Direct-entry Midwife Education Standards Form" (Form #1).
- 7) Completed "40 Birth Observations Form" (Form #4) with identifying information redacted.
- 8) Completed forms documenting provision of 100 prenatal examinations (Form #5) with identifying information redacted.
- 9) Completed "Documentation of Birth Experience Form" which certifies that the applicant has served as the primary birth attendant at 25 births, 15 of which include continuous care - 10 of the continuous care births must have been under personal supervision (Form #2). All identifying information must be removed.

FOR DIRECT-ENTRY MIDWIFE CANDIDATES FROM OTHER STATES:

- 1) Documents described in 1-9 above on Board forms. All identifying information must be removed from records submitted to the Board.
- 2) Applicants with licenses from other states must contact other states of licensure (past & current) and request letters of verification of license status to be sent directly to the Board office from the licensing jurisdiction. **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**
- 3) Candidate will have the exam agency supply directly to the Montana Board documentation of successful completion of the North American Registry of Midwives (NARM) exam with a score of 75 or higher or document passage of an exam endorsed by the Board.
- 4) Candidate shall supply a copy of the laws and rules which were in effect at the time the license was granted in the other jurisdiction.

FOR DIRECT-ENTRY MIDWIFE APPRENTICES

- 1) A copy of a current CPR card indicating that the applicant is certified by the American Heart Association or the American Red Cross to perform adult and infant cardiopulmonary resuscitation.
- 2) Application fee of \$200 (non-refundable) made payable to the Board of Alternative Health Care.
- 3) Completed supervision agreement (Form #3).
- 4) Curriculum outline or plan for method of academic learning that meets the Board's educational requirements for licensure (MW Form 1 must be completed).

When the apprentice license is issued, you will receive the Level 1 Forms Packet.

**APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed and considered by the Board at a meeting. The applicant may be notified if additional information is required.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board Meeting.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

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**Application for Licensure as:**

- Direct-Entry Midwife
- Direct-Entry Apprentice

**Application by:**

- Examination
- License from Another State

1. FULL NAME \_\_\_\_\_  
Last First Middle

2. OTHER NAMES KNOWN BY \_\_\_\_\_

3. BUSINESS NAME \_\_\_\_\_

4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country

PREFERRED MAILING ADDRESS      Business      Home      EMAIL ADDRESS \_\_\_\_\_

6. TELEPHONE \_\_\_\_\_  
Business      HOME \_\_\_\_\_      FAX \_\_\_\_\_

7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ MALE      FEMALE

9. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the license if granted.)

10. List all professional licenses you hold or ever have held. Verification must be sent directly to Montana from each state, province, or territory.

State	License#	Issue Date	Exp.Date	License Method			Requested Verification?	
				EXAM	ENDORSE	OTHER	YES	NO
				EXAM	ENDORSE	OTHER	YES	NO
				EXAM	ENDORSE	OTHER	YES	NO
				EXAM	ENDORSE	OTHER	YES	NO
				EXAM	ENDORSE	OTHER	YES	NO
				EXAM	ENDORSE	OTHER	YES	NO

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

- |     |   |     |    |
|-----|---|-----|----|
| 11. | If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)?  | Yes | No |
| 12. | Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 13. | Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 14. | Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 15. | Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 16. | Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.                       | Yes | No |
| 17. | Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  | Yes | No |
| 18. | Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 19. | Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 20. | Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/ Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |

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|-----|--|-----|----|
| 21. | Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.   | Yes | No |
| 22. | Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.  | Yes | No |
| 23. | Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.   | Yes | No |
| 24. | Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  | Yes | No |
| 25. | Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. | Yes | No |
| 26. | Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.   | Yes | No |
| 27. | Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.   | Yes | No |
| 28. | Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.   | Yes | No |

**29. PROFESSIONAL EDUCATION:**

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of School	City and State/Province/Territory	Dates Attended	Degree Earned

**30. PROFESSIONAL EXPERIENCE AS A MIDWIFE:** Midwife - List all experience, unpaid as well as paid, concurrent as well as consecutive, starting at the date of application and working back to graduation from your high school. Use additional sheet if necessary.

Name & Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

**MAINTAINING CONFIDENTIALITY OF APPLICATION DOCUMENTS**

**When submitting application documents, I understand that I am responsible for ensuring client confidentiality in records submitted to the Board. Application records are scanned and stored electronically. All identifying information must be removed from records submitted to the Board.**

**DECLARATION**

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana Board of Alternative Health Care.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instruction to applicants for licensing. I accept the rules and procedures for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

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

\_\_\_\_\_  
 Dated

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**DIRECT-ENTRY MIDWIFE EDUCATION STANDARDS**

Please indicate the direct-entry midwife program or course of study which demonstrates competence in each of the substantive content areas listed below. Submit course and program descriptions, from the time of applicant's graduation or completion, and certificates of completion or certified transcripts sent directly from the institution to verify that the training received fulfills minimum educational standards.

**Antepartum Care**

(1) Preconceptional factors likely to influence pregnancy outcome:

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(2) Basic genetics, embryology and fetal development:

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(3) Anatomy and assessment of the soft and bony structure of the pelvis:

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(4) Identification and assessment of the normal changes of pregnancy, fetal growth, and position:

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(5) Nutritional requirements for pregnant women and methods of nutritional assessment and counseling:

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(6) Environmental and occupational hazards for pregnant women:

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(7) Education and counseling to promote health throughout the child bearing cycle:

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(8) Methods of diagnosing pregnancy:

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(9) The etiology, treatment and referral, when indicated, of the common discomforts of pregnancy:

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(10) Assessment of physical and emotional status, including relevant historical and psycho-social data:

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(11) Counseling for individual birth experiences, parenthood, and changes in the family:

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(12) Indications for, risks and benefits of screening/diagnostic tests used during pregnancy:

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(13) Etiology, assessment of, treatment for, and appropriate referral for abnormalities of pregnancy:

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(14) Identification of, implications of and appropriate treatment for various STD/vaginal infections during pregnancy:

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(15) Special needs of the Rh negative woman:

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(16) Identification and care of women who are HIV positive, have hepatitis or other communicable and non-communicable diseases:

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### **Intrapartum Care**

(1) Normal labor and birth processes:

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(2) Anatomy of the fetal skull and its critical landmarks:

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(3) Parameters and methods for assessing maternal and fetal status, including relevant historical data:

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(4) Emotional changes and support during labor and delivery:

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(5) Comfort and support measures during labor, birth, and immediately postpartum:

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(6) Techniques to facilitate the spontaneous vaginal delivery of the baby and placenta:

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(7) Etiology, assessment of, appropriate referral or transport of and/or emergency measures (when indicated) for the mother or newborn for abnormalities of the four stages of labor:

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(8) Anatomy, physiology, and supporting normal adaptation of the newborn to extrauterine life:

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(9) Familiarity with medical interventions and technologies used during labor and birth:

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(10) Assessment and care of the perineum and surrounding tissues, including suturing necessary for perineal repair:

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### **Postpartum Care**

(1) Anatomy and physiology of the postpartum period:

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(2) Anatomy and physiology and support of lactation, and appropriate breast care and assessment:

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(3) Parameters and methods for assessing and promoting postpartum recovery:

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(4) Etiology and methods for managing the discomforts of the postpartum period:

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(5) Emotional, psycho-social and sexual changes which may occur postpartum:

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(6) Nutritional requirement for women during the postpartum period:

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(7) Etiology, assessment of, treatment for and appropriate referral for abnormalities of the postpartum period:

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(8) Methods to assess the success of the breast feeding relationship and identify lactation problems, and mechanisms for making appropriate referrals:

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(9) Suturing necessary for episiotomy repair:

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(10) Dispensing and administering pitocin (intramuscular) postpartum:

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(11) Dispensing and administering xylocaine (subcutaneous)

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## Neonatal Care

- (1) Anatomy and physiology of the newborn's adaptation and stabilization in the first hours and days of life:

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- (2) Parameters and methods for assessing newborn status, including relevant historical data at gestational age:

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- (3) Nutritional needs of the newborn:

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- (4) ARM and MCA standards for an administration of prophylactic treatments commonly used during the neonatal period:

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- (5) ARM and MCA standards for, indications, risks, and benefits of, and method of performing common screening tests for the newborn:

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- (6) Etiology, assessment of (including screening and diagnostic tests), emergency measures and appropriate transport/referral or treatments for neonatal abnormalities:

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## Health and Social Sciences

- (1) Communication, counseling and teaching techniques, including the areas of client education and inter-professional collaboration:

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- (2) Human anatomy and physiology relevant to human reproduction:

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- (3) ARM and MCA standards of care, including midwifery and medical standards for women during the childbearing cycle:

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- (4) Inter-professional communication and collaboration with community health and social resources for women and children:

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- (5) Significance of and methods for thorough documentation of client care through the childbearing cycle:

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(6) Informed decision making:

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(7) Health education, health promotion, and self care:

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(8) The principles of clean and aseptic techniques, and universal precautions:

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(9) Psychosocial, emotional and physical components of human sexuality, including indications of common problems and method of counseling:

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(10) Ethical considerations relevant to reproductive health:

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(11) Epidemiologic concepts and terms relevant to perinatal and women's health:

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(12) The principles of how to access and evaluate current research relevant to midwifery practice:

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(13) Family centered care, including maternal, infant and family bonding:

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(14) Identification of an appropriate referral of disease in women and their families:

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(15) The importance of accessibility, quality health care for all women that includes continuity of care, and special requirements for home births:

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REPORT OF INITIATION OF SUPERVISION

Supervisor's Name \_\_\_\_\_ Montana License No. \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
[Licensed Direct-entry Midwife, Certified Nurse Midwife, Licensed Naturopath with Childbirth Specialty Endorsement or Montana Licensed Physician]

Apprentice's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Beginning Date of Supervision \_\_\_\_\_

Other apprentices currently supervised by this supervisor:

Name	Apprentice License Number

It is the understanding of the Board of Alternative Health Care that \_\_\_\_\_ will be an apprentice in connection with the practice of direct-entry midwifery conducted under the personal supervision of \_\_\_\_\_ who is licensed as a \_\_\_\_\_ in the State of Montana.

\_\_\_\_\_ (Supervisor) will assume professional responsibility for the activities and services of \_\_\_\_\_ (Apprentice), as required by ARM 24.111.602 for which the supervisor has accepted responsibility and over which she/he has exercised supervision. Direct supervision (meaning in the physical presence of the licensed supervisor) will continue unless and until the Board is advised in writing by the supervisor of advancement from direct to indirect supervision (Level III only).

I hereby acknowledge that violation of the Board statutes or rules may result in license discipline against the direct-entry midwife apprentice, or supervisor, or both.

\_\_\_\_\_ SUPERVISOR'S SIGNATURE AND DATE

\_\_\_\_\_ APPRENTICE'S SIGNATURE AND DATE

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCEPTABLE. IT DOES NOT INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL THE REQUIREMENTS SPECIFIED IN STATE LAW SECTION 37-27-205 AND SUBSTANTIVE RULE 24.111.602. FAILURE TO HAVE INCORPORATED THESE MANDATED CONDITIONS MAY RESULT IN ACCEPTED SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS IT IS THE APPRENTICE'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CONDITIONS ARE MET. SUPERVISED EXPERIENCE ALONE DOES NOT GUARANTEE ADMITTANCE TO THE EXAMINATION OR THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.