ALTERNATIVE HEALTH CARE BOARD
P.O. BOX 200513
HELENA, MT 59620-0513
(406) 444-6880
EMAIL: dlibsdahc@mt.gov WEBSITE: althealth.mt.gov

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

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 Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application?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 Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program?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

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