## MONTANA BOARD OF ALTERNATIVE HEALTH CARE 301 SOUTH PARK, 4th FLOOR PO BOX 200513 HELENA MONTANA 59620-0513

Phone: (406) 444-6880 Email: dlibsdahc@mt.gov Website: www.althealth.mt.gov

## **REPORT OF INITIATION OF SUPERVISION**

Apprentice's Name	Supervisor's Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	Montana License No.
	[Licensed Direct-entry Midwife, Certified

[Licensed Direct-entry Midwife, Certified Nurse Midwife, Licensed Naturopath with Childbirth Specialty Endorsement or Montana Licensed Physician]

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 \_\_\_\_\_

(Apprentice) will be an apprentice in connection with the practice of direct-entry midwifery conducted under

the personal supervision of \_\_\_\_\_\_(Supervisor) who is licensed as a

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.

APPRENTICE 1 SIGNATURE AND DATE: \_\_\_\_\_

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

BOARD ACCEPTANCE OF THE SU	JPERVISION INDICATES THAT THE INFOR	MATION PROVIDED ON THIS FORM IS A	CCEPTABLE. IT DOES NOT INDICATE TH	AT THE PROPOSED
SUPERVISION HAS INCORPORAT	FED ALL THE REQUIREMENTS SPECIFIED	IN STATE LAW SECTION 37-27-205 AN	ND SUBSTANTIVE RULE 24.111.602. FA	ILURE TO HAVE
INCORPORATED THESE MANDAT	FED CONDITIONS MAY RESULT IN ACCEP	TED SUPERVISION NOT ADEQUATELY FI	ULFILLING THE REQUIRED EXPERIENCE	. THUS IT IS THE
APPRENTICE'S RESPONSIBILITY	TO ENSURE THAT ALL NECESSARY CON	DITIONS ARE MET. SUPERVISED EXPER	RENCE ALONE DOES NOT GUARANTEE A	ADMITTANCE TO
THE EXAMINATION OR THAT THE	APPLICANT WILL ULTIMATELY BE LICEN	SED.		