CHAPTER Mid 300 CERTIFICATION REQUIREMENTS

PART Mid 301 DEFINITIONS

Readopt with amendment Mid 301.01 and Mid 302.01, effective 11-5-18 (Document #12660), to read as follows:

Mid 301.01 Definitions.

~~(a) "American College of Nurse-Midwives (ACNM)" means the national professional association of certified nurse-midwives and certified midwives.~~

~~(b) "Certified midwife (CM)" means an individual who has been designated as a certified midwife by the Certification Council of the ACNM.~~

~~(c) "Certified nurse-midwife (CNM)" means a registered nurse who has graduated from a nurse-midwifery education program accredited by the ACNM Division of Accreditation and has passed a national examination to become professionally designated as a CNM by the ACNM Certification Council.~~

~~(d) "Certified professional midwife (CPM)" means an individual who has met the standards for certification in the practice of midwifery set by NARM and who holds such certification.~~

(***a***~~e~~) "Doula" means a person trained to give ~~women~~ ***clients*** information, comfort, and emotional support before, during, and after birth ***while refraining from performing clinical or medical tasks***.

~~(f) "Neonatal resuscitation program (NRP)" means an educational program that introduces the concepts and basic skills of neonatal resuscitation.~~

(***b***~~g~~) "North American Registry of Midwives (NARM)" means a non-profit agency established to certify practitioners of midwifery on the basis of experience and examination.

~~(i) "Prenatal" means during the period of time between conception and the onset of labor.~~

PART Mid 302 APPLICATION PROCEDURE

Mid 302.01 Application Process for Initial Certification. ***Applicants seeking initial certification shall submit the following to the office of professional licensure and certification (OPLC):***

(a) A completed "Universal Application for Initial License", that provides the information required by Plc 304.03, the information and documentation required by Plc 304.04, and is signed and attested to in accordance with Plc 304.05;

(b) A completed "Addendum to the Universal Application for Initial License for Midwifery" effective month/year, that provides the additional information or documentation specified in Mid 302.02; and

(c) The application fee required by Plc 1002.30.

~~(a) An individual who wishes to be issued a first certificate to practice midwifery shall submit to the midwifery council:~~

~~(1) A completed "Application Form: NH Midwifery Certification" provided by the midwifery council and described in Mid 302.03;~~

~~(2) The documentation specified in Mid 302.05; and~~

~~(3) Payment of the certification fee specified in Mid 306.03.~~

~~(b) The application form shall be completed by:~~

~~(1) Printing the required information legibly in ink or using a keyboard; and~~

~~(2) Completing all sections or designating them as not applicable to the applicant.~~

Repeal Mid 302.02 through Mid 302.04, effective 11-5-18 (Document #12660), as follows:

~~Mid 302.02 Application Review and Notification Procedure.~~

~~(a) Within 60 days of the receipt of the application, the midwifery council shall:~~

~~(1) Review the application form and documentation for legibility and completeness;~~

~~(2) Determine whether additional information or documentation is required to clarify the application or to ascertain whether the applicant meets the qualifications for certification; and~~

~~(3) Notify the applicant in writing of any deficiencies in the application and of any additional information or documentation required.~~

~~(b) An application shall be deemed completed on the date when the midwifery council has received:~~

~~(1) The completed application form;~~

~~(2) The supporting documentation required by Mid 302.05; and~~

~~(3) Any additional information and documentation required under (a)(3) above.~~

~~(c) An application for which the midwifery council is waiting for additional information or documentation shall be held open for one year from the date of its receipt by the council, after which time it shall be closed and the application denied.~~

~~(d) Within 120 days from the completion of the application the midwifery council shall notify the applicant in writing of the following:~~

~~(1) Whether or not the application has been approved and the applicant certified; and~~

~~(2) In the case of denial of certification:~~

~~a. The reason(s) for the denial; and~~

~~b. The right of the applicant to make a written request within 30 days for a hearing pursuant to Mid 200 to challenge the denial.~~

~~(e) All applications for certification shall be kept as part of the permanent records of the midwifery council.~~

~~Mid 302.03 Application Form for Initial Certification. On the 2-part application form the applicant shall furnish:~~

~~(a) On the publicly available part of the form:~~

~~(1) The applicant's name and any names previously used;~~

~~(2) The date of the application;~~

~~(3) The applicant's date of birth;~~

~~(4) The applicant's work address;~~

~~(5) The applicant's work numbers, including, as applicable, the applicant's office telephone number, cell phone number and fax number;~~

~~(6) The applicant's business e-mail address, if applicable;~~

~~(7) In the space provided, a statement by the applicant expressing intent to engage in the practice of midwifery in the state;~~

~~(8) The name and address of the high school attended by the applicant and the date of graduation, or the date of completion of high school equivalent;~~

~~(9) If applicable, a list of colleges and universities the applicant attended, the dates of attendance, and the degrees received~~;

~~(10) A written description of any part of the applicant's professional background which is relevant to the practice of midwifery, such as:~~

~~a. Midwifery training or experience in any state or country; or~~

~~b. Any training or experience in the fields of newborn or maternal care, acquired in any state or country, such as emergency technician, obstetric or pediatric nursing, childbirth education or work as a doula;~~

~~(11) A list of midwifery schools attended and, for each such school:~~

~~a. The dates attended;~~

~~b. The date of graduation; and~~

~~c. The degree, certificate, or diploma awarded;~~

~~(12) A list of midwifery certifications, licenses, registrations or other permits to practice midwifery held by the applicant currently or in the past, including for each such permit:~~

~~a. The state, country, or organization of issuance; and~~

~~b. The dates of issuance and expiration;~~

~~(13) A list of all certifications, licenses, registrations, or other permits to practice in a health or healing field other than midwifery, including for each such permit:~~

~~a. The state or country of issuance; and~~

~~b. The dates of issuance and expiration;~~

~~(14) A statement describing the circumstances of any conviction of a crime disclosed by any affidavit required to be submitted by Mid 302.05(h);~~

~~(15) A statement describing the arrangements the applicant has made for the medical back-up as required by Mid 303.01(h), including in the description:~~

~~a. Arrangements for coverage for clients in the event of the applicant's absence or illness;~~

~~b. Arrangements for consultation with obstetricians, family practitioners, pediatricians or any other physicians concerning abnormal conditions;~~

~~c. Arrangements for transferring the care of clients from the midwife to obstetricians, family practitioners, pediatricians or any other physicians;~~

~~d. Identification of privileges at hospitals; and~~

~~e. Identification of hospital services to be used in medical emergencies;~~

~~(16) A statement describing the applicant's arrangements for:~~

~~a. Laboratory testing;~~

~~b. Newborn screening; and~~

~~c. Obtaining medications permitted by law;~~

~~(17) The applicant's signature to a statement preprinted on the form which states that:~~

~~a. The information provided on the application form and the documentation provided to support the application are true, accurate, complete and unaltered; and~~

~~b. The applicant acknowledges that, pursuant to RSA 641:3, the knowing making of a false statement on the application form is punishable as a misdemeanor; and~~

~~(18) The date of the signature;~~

~~(b) On the confidential part of the form:~~

~~(1) The applicant's name;~~

~~(2) The applicant's home address and home telephone number;~~

~~(3) The applicant's home e-mail address, if he or she chooses to provide it;~~

~~(4) Disclosure of the following information, the relative seriousness of which shall be used to evaluate the fitness of the applicant to practice midwifery pursuant to Mid 303.01(g):~~

~~a. Whether a malpractice claim has been made against the applicant within the last 6 years, regardless of whether a lawsuit was filed in relation to the claim;~~

~~b. Whether the applicant has ever been denied a midwifery certificate, license, registration or permit to practice midwifery for any reason;~~

~~c. Whether the applicant's employment or appointment in a hospital, clinic or other health care facility was ever suspended;~~

~~d. Whether the applicant has ever resigned from employment or appointment in a hospital, clinic or other health care facility in lieu of being subjected to disciplinary action;~~

~~e. Whether there are pending against the applicant any disciplinary charges before any licensing authority, medical council, health care facility or professional midwifery association;~~

~~f. Whether any disciplinary action has been taken against the applicant by any licensing authority, medical council, health care facility or professional midwifery association;~~

~~g. Whether the applicant has ever voluntarily surrendered a certificate, license, registration or permit to practice midwifery or other healing art in lieu of facing disciplinary action;~~

~~h. Whether the applicant has ever had a professional certificate, license, registration or permit to practice in a field other than midwifery revoked, suspended, or otherwise terminated on disciplinary grounds; and~~

~~i. Whether the applicant currently has an emotional disturbance or mental illness, a physical illness, or an addictive disorder impairing the applicant's ability to practice midwifery;~~

~~(5) A statement describing in detail the circumstances of any affirmative answers to the questions listed; and~~

~~(6) The applicant's social security number provided in the space below the following preprinted notice:~~

~~"The Midwifery Council will deny certification if you refuse to submit your social security number (SSN). Your professional certificate will not display your SSN. Your SSN will not be made available to the public.~~

~~The Midwifery Council is required to obtain your social security number for the purpose of child support enforcement in compliance with 42 USC 666(a)(13) and RSA 161-B:11. This collection of your social security number is mandatory."; and~~

~~(c) If the applicant so chooses, the information requested on the attached "Optional Informational Question", effective August 2018.~~

~~Mid 302.04 Meaning of Signature. The meaning of the applicant's signature on the application form shall be the applicant's:~~

~~(a) Certification that the information provided on the application form and the documentation provided to support the application are true, accurate, complete and unaltered; and~~

~~(b) Acknowledgement that, pursuant to RSA 641:3, the knowing making of a false statement on the application form is punishable as a misdemeanor.~~

Readopt with amendment and renumber Mid 302.05, effective 12-10-19 (Document #12939-B), as Mid 302.02 to read as follows:

Mid 302.0~~2~~***5*** Documentation Required to Support An Application for Initial Certification. Applicants for ~~a first~~ ***an initial*** certificate to practice midwifery shall submit the following documentation at the time of application:

~~(a) A photocopy of a high school diploma or evidence of completion of high school equivalent;~~

(***a***~~b~~) A ~~photo~~copy of the applicant's current certificate as a CPM;

(***b***~~c~~) Proof of having passed one college-level anatomy and physiology course or proof of receipt through examination of college-level credit in anatomy and physiology, in the form of:

(1) An official transcript; or

(2) An original signed letter issued by the registrar or records office of the institution awarding the college-level credit;

(***c***~~d~~) Official transcripts from, or photocopies of diplomas received from, all colleges and universities attended, if any;

(***d***~~e~~) Official transcripts from all midwifery schools and colleges attended, if applicable;

(***e***~~f~~) A ~~photo~~copy of the front and back of:

(1) The applicant's current cardiopulmonary resuscitation certificate, also known as basic life support for healthcare providers, issued by the American Heart Association;

(2) The applicant's current certificate in adult cardiopulmonary resuscitation issued by the American Red Cross together with the applicant's current certificate in infant and child cardiopulmonary resuscitation issued by the American Red Cross; or

(3) The applicant's current certificate in adult, child and infant cardiopulmonary resuscitation issued by Medic First Aid or by the American Safety and Health Institute;

(***f***~~g~~) A copy of the front and back of the applicant's current NRP provider card;

(***g***~~h~~) A copy of the certificate of completion of a course(s) in birth-related laceration repairs that are credentialed by one of the organizations listed in Mid 405.02(a)(2)**,** or a copy of the transcript or module's educational objectives or syllabus for birth-related laceration repairs from the program that prepared the applicant for CPM certification;

(***h***~~i~~) The signed statement regarding the number of supervised birth-related laceration repairs from the preceptor as described in Mid 303.02(c)(3);

(***i***~~j~~) If applicable, a notarized affidavit disclosing criminal convictions***, as required by RSA 326-D:7, IV***; ***and***

(***j***~~k~~) ***A statement by the applicant expressing intent to engage in the practice of midwifery in the state.*** ~~The names, addresses, phone number, and written references from at least 4 people, including at least 2 from certified or licensed health care professionals familiar with the applicant's midwifery experience, and not more than one from a client, affirming the applicant's competence and high standards in providing midwifery care; and~~

~~(l) For identification, a photocopy of the applicant' current driver's license, passport or other government issued identification card bearing the applicant's picture.~~

Adopt new Mid 302.03 to read as follows:

Mid 302.03 Certification by Endorsement.

(a) For purposes of obtaining a midwife license by endorsement the applicant shall be certified as a Certified Professional Midwife by a nationally-recognized certifying body, pursuant to Plc 313.38.

(b) Applicants seeking licensure by endorsement shall apply to the OPLC in accordance with Plc 313.03 through Plc 313.05.

Readopt with amendment Mid 303, effective 12-10-19 (Document #12939-B), to read as follows:

PART Mid 303 QUALIFICATIONS

Mid 303.01 Eligibility for Initial Certification. To be eligible for initial certification an applicant shall:

(a) Have completed high school or its equivalent;

(b) Hold a current certificate as a CPM;

(c) Have completed one college-level course in human anatomy and physiology, or received equivalent college-level credit through examination in anatomy and physiology;

(d) Hold current certificate(s) in adult, child and infant cardiopulmonary resuscitation issued by at least one of the following:

(1) The American Heart Association;

(2) The American Red Cross;

(3) The American Safety and Health Institute; or

(4) Medic First Aid;

(e) Hold a current certificate as a provider of neonatal resuscitation ~~which shows that the applicant has successfully completed at least the following modules of the NRP provider course:~~

~~(1) Introduction to the program;~~

~~(2) Initial steps in resuscitation;~~

~~(3) Use of a resuscitation bag and mask; and~~

~~(4) Chest compressions~~;

(f) Show completion of a course in birth-related lacerations, as evidenced by a copy of a certificate of completion as required under Mid 302.05(***g***~~h~~), or a copy of the transcript or module's educational objectives or syllabus for birth-related laceration repairs from the program that prepared the applicant for CPM certification;

~~(g) Have not been convicted as an adult of the following, whether in NH or in another jurisdiction, unless the conviction was annulled, overturned or reversed on appeal:~~

~~(1) A crime involving as a victim a minor, an individual with a disability or an elderly adult;~~

~~(2) A violation of a controlled drug law;~~

~~(3) A crime involving fraud or misrepresentation; or~~

~~(4) A crime involving a violation of a fiduciary duty;~~

~~(h) Have no mental or physical condition preventing the applicant from the performance required of a midwife by Mid 500;~~

(***g***~~i~~) Have made arrangements for medical back-up to support to the applicant's practice;

(***h***~~j~~) Have made arrangements for:

(1) Prenatal laboratory testing;

(2) Newborn screening; and

(3) Obtaining the medications permitted by law;

(~~k~~***i***) Have performed birth-related laceration repairs in a manner deemed satisfactory by the applicant's preceptor, as further described in Mid 303.02; and

(~~l~~***j***) ~~Meet~~ ***Successful completion of*** the examination ~~and examination fee~~ requirements of Mid 304.

Mid 303.02 Laceration Repairs.

(a) An applicant for certification shall:

(1) Have completed a course in birth-related laceration repairs by one of the programs listed under (b) below, as evidenced by a copy of a certificate of completion as required under Mid 302.05(***g***~~h~~); and

(2) Have performed birth-related laceration repairs to the satisfaction of a preceptor meeting the requirements under (c) below, as required under Mid 302.05(***h***~~i~~).

(b) The program which prepared the applicant for CPM certification shall be a program qualified under (a)(1) above if the program:

(1) Provided instruction in the assessment and techniques for birth-related laceration repairs; and

(2) Evaluated the applicant***'s*** competence at birth-related laceration repairs**.**

(c) A preceptorship shall be qualified under (a)(2) above if the applicant's preceptor:

(1) Was, at the time of the preceptorship:

a. A midwife certified in New Hampshire;

b. The holder of a license, certificate, permit**,** or other approval to practice midwifery issued by any state, foreign country**,** or province of a foreign country;

c. A CPM;

d. A CNM;

e. A CM; or

f. A physician with experience in the active practice of obstetrics and licensed in any state, foreign country**,** or province of a foreign country;

(2) Instructed, supervised**,** and evaluated the applicant's birth-related laceration repairs; and

(3) Has issued to the applicant, or will issue to the applicant, a signed statement:

a. Indicating which of the credentials in the list in (c)(1) above are the preceptor's credentials; and

b. Indicating the number of supervised, birth-related laceration repairs performed satisfactorily by the applicant.

Readopt with amendment Mid 304, effective 11-5-18 (Document #12660), to read as follows:

PART Mid 304 EXAMINATION ~~AND EXAMINATION FEE~~

Mid 304.01 Examination Requirements.

~~(a) As a condition of certification, the applicant shall pass the following examinations in the order in which they are described in this section:~~

~~(1) The NARM oral and written examinations for certification as a CPM; and~~

(***a***~~2~~) ~~After payment of the examination fee set forth in Mid 306.03,~~ ***Applicants shall complete and pass*** the written examination administered by the ***OPLC*** ~~midwifery council~~ testing the applicant's knowledge of RSA 326-D and the midwifery council's administrative rules.

(b) An applicant who has failed the midwifery council's examination shall have the opportunity to ~~pay a second examination fee and~~ retake the examination~~:~~

~~(1) No more than twice ever; and~~

~~(2) No sooner than 6 weeks after the applicant last failed the examination~~.

Repeal the reserved PART Mid 305

~~PART Mid 305 RESERVED~~

~~Mid 305.01 305.04 REPEALED~~

~~Source.~~ ~~#7421, eff 1-3-01; ss by #9088, eff 2-20-08; rpld by #9692, eff 4-8-10~~

~~PART Mid 306 DURATION OF CERTIFICATIONS AND FEES~~

Repeal Mid 306.01 through Mid 306.02, effective 11-5-18 (Document #12660), as follows:

~~Mid 306.01 Duration of Certifications. The duration of certifications and renewed certifications shall be 2 years.~~

~~Mid 306.02 Certification Fees. No applicant for initial certification or certification based on reciprocity shall be certified before the applicant has paid the non-refundable certification fee specified in Mid 306.03.~~

Repeal Mid 306.03, effective 11-10-16 (Document #12040), as follows:

~~Mid 306.03 Fee Schedule. Fees shall be as set forth in Table 3-1.~~

~~Table 3-1 Fees for Examinations and Certifications~~

~~**Certification and Fee Category**~~	~~**Fee**~~
-	-
~~New Hampshire Examination~~	~~$ 20.00~~
~~Certification~~	~~$110.00~~
~~Renewal of Certification~~	~~$110.00~~

APPENDIX

Rule	**Specific State Statute the Rule Implements**
Mid 301.01	RSA 541-A:16, I(b)
Mid 302.01	RSA 326-D:4, I(a); RSA 326-D:5, I(d)
Mid 302.02 – Mid 302.04 (repeal)	
Mid 302.02 (formerly Mid 302.05)	RSA 326-D:5, I(d)
Mid 302.03	RSA 310:17
Mid 303.01	RSA 326-D:4, I(a); RSA 326-D:5, I(a); RSA 326-D:7
Mid 303.02	RSA 326-D:5, I(a); RSA 326-D:7, V and VI
Mid 304.01	RSA 326-D:7, VII and VIII
Mid 305 (repeal)	
Mid 306.01 (repeal)	
Mid 306.02 (repeal)	
Mid 306.03 (repeal)	