# MIDWIFERY JOINT COMMITTEE STATE OF NORTH CAROLINA

#### APPLICATION FOR ANNUAL RENEWAL AS A CERTIFIED NURSE-MIDWIFE

#### RENEWAL INFORMATION

- 1. An approval to practice as a Certified Nurse Midwife is required annually by birth month. The fee due before the expiration date is printed on Page 1 of your application just above your name. Please mail your application in the envelope provided. The application and fee must be submitted at the same time. Make check or money order payable to the *Midwifery Joint Committee*. Your completed application and fee must be postmarked by the expiration date. Incomplete applications will be returned.
- 2. If you do not renew your approval by the expiration date, you will lose your right to practice as a certified nurse midwife in North Carolina and may not work after date of expiration. If you practice midwifery without a current approval, you are in violation of the Midwifery Practice Act. If your application is postmarked after the expiration date, you will be required to pay the additional \$5.00 reinstatement fee as well as the renewal fee.
- 3. NO REMINDER NOTICES WILL BE SENT. There is no grace period provided in the Law.

#### GENERAL INFORMATION

- 1. Before completing application, photocopy blank form for future use.
- The application can be printed in CAPITAL BLOCK LETTERS and USE BLACK INK.
- 3. Primary Address given should include **PHYSICAL LOCATION OF PRACTICE SITE** (STREET, CITY, ZIP CODE) AS WELL AS MAILING ADDRESS IF DIFFERENT.
- 4. Application will be processed only after all information as requested has been received in the office.
- Appropriate application fee must be attached to the application form when submitted and is nonrefundable.
- 6. Before mailing, check application for completeness (including appropriate signature) and return it, along with the fee, to: Midwifery Joint Committee, P. O. Box 2129, Raleigh, NC 27602-2129.

#### MATERIAL TO KEEP ON FILE AT EACH CNM PRACTICE SITE

- 1. General Statues (G.S. 90-178.1) and Administrative Rules 21 NCAC 33.0001-.0006.
- Photocopy of completed annual renewal application and letter of approval.
- 3. Written clinical practice guidelines for each clinical practice, which define the individual and shared responsibilities of the midwife and the supervising physician(s). Guidelines must include a list of those drugs and devices that you may prescribe or order and ongoing communication with the supervising physician(s) that provide for and define appropriate consultation. Guidelines must be signed by you and all supervising physicians.
- 4. Process for periodic and joint evaluation of services rendered, e.g. chart review, case review, patient evaluation, and review of outcome statistics by CNM and supervising physician(s).
- 5. Process for periodic and joint review and updating of the written guidelines by CNM and supervising physician(s).
- 6. Other pertinent correspondence with the Midwifery Joint Committee.

#### FEE STRUCTURE

- Annual Renewal Application \$50.00 for each approved practice arrangement.
- 2. After the birth month, an administrative reinstatement fee of \$5.00 is required.

CNMREWAP 10/98; 11/99; 10/2000

### MIDWIFERY JOINT COMMITTEE OF THE STATE OF NORTH CAROLINA

DO NOT INTEND TO RENEW	
Signed:	
Date:	

## APPLICATION FOR RENEWAL

S #//	Date of Birth	// NC C	NM #	ACNM#_
ull Name  (First)	(Middle)	(Maiden)	(Last	·)
ome	, ,		(Lasi	·)
dress	Street			
	City	State	Zip C	Code
imary State of Residen	ce	Licensed Issued by S	State/US Possess	sion
N Certificate/License Nu	ımber #	Expiration Date		
actice Name				
actice Address				
nysical Location)	Street	City	State	Zip Code
ifferent From Above: ctice Mailing Address				
	Street	City	State	Zip Code
ephone # (Office)		(Hoi	me)	
t <u>ALL</u> locations where t lude name of practice			code) for each s	ite.
CNM Certified Midwife (		\$ Fee Enclosed		

(Continued)

TYPE OF PRACTICE SETTING(s) (Check all that apply):							
	Hospital - In-patient		County Health Department				
	Hospital - Out-patient		Physician or Group Medical Practice				
	НМО		Medical School				
	Nursing School		Publicly-Funded Clinic, not a Health Department				
	Free-Standing Birthing Center:						
	Other (Specify)						
What percentage of your clinical practice time will be spent delivering:  Primary Care prenatal/postpartum care intrapartum care well woman/gyn care newborn care Infertility Oncology Other (Specify)  Other (Specify)  SUPERVISING PHYSICIAN(S) INFORMATION							
Full Na	ame						
Physician Specialty: OB/GYN Family Medicine with OB NC License #							
Revise Update Revise Update Revise	6/9/86; 10/17/89 ed: 10/21/93; 8/03/94 ed: 10/30/96 ed: 11/06/97; 10/20/98; 11/	/99					