



APPLICATION FOR CERTIFICATION AS A DIRECT ENTRY MIDWIFE

State Form 56292 (R3 / 3-25)

**MIDWIFERY COMMITTEE
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$50.00, payable to the Indiana Professional Licensing Agency, in accordance with 844 IAC 17-1-4.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

**This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Fee received	Date received (month, day, year)	Receipt number
License number issued	License issuance date (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (last, first, middle)		
Social Security number *	Date of birth (month, day, year)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No

POSTSECONDARY EDUCATION

NAME OF SCHOOL	LOCATION	DEGREE	DATE ATTENDED (month, day, year)

MIDWIFERY EDUCATION

Program must be approved by Midwifery Education Accreditation Council.

NAME OF SCHOOL	LOCATION	DATE ATTENDED (month, day, year)

LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU ARE OR HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION, REGARDLESS OF STATUS.

STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

COLLABORATING PHYSICIAN(S)

List the name(s) and license number(s) of your collaborating physician(s). Use a separate sheet if necessary.

NAME OF COLLABORATING PHYSICIAN	LICENSE NUMBER

QUESTIONS

If your answer is "Yes" to any of the following questions, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

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| 1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held or are charges pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever surrendered or been denied a license, certificate, registration or permit to practice as a certified direct entry midwife or any regulated health occupation in any state (<i>including Indiana</i>) or country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been the subject of an investigation by an authority regulating your profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i> | |
| (1) have you ever been arrested; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (*month, day, year*)