

STATE OF WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

101 Dee Drive Suite 102
Charleston WV 25311-1620
304-558-3596 1-877-743-6877 (message system)
www.wvrnboard.com rnboard@state.wv.us

**NURSE-MIDWIFE LICENSE
REINSTATEMENT APPLICATION**

THIS FORM IS YOUR NOTICE TO REINSTATE YOUR
NURSE-MIDWIFE LICENSE IN WEST VIRGINIA FOR THE

PERIOD: **JULY 1, 2010** THRU **JUNE 30, 2011.**

PLEASE COMPLETE THE APPLICATION AND RETURN IT
WITH THE REQUIRED FEE OF
TEN DOLLARS (\$10.00) MADE PAYABLE TO:
WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

WEST VIRGINIA REGISTERED PROFESSIONAL NURSE LICENSE # _____

WEST VIRGINIA NURSE-MIDWIFE LICENSE # _____

SOCIAL SECURITY # _____ - _____ - _____

ACNM/AMCB CERTIFICATION** # _____ EXPIRATION DATE: _____

** (Include a photocopy of certification renewal /or continuing competency assessment program that indicates expiration date

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ 9-DIGIT ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

ARE YOU EMPLOYED AS A NURSE MIDWIFE? YES _____ NO _____

IF YES: NAME/ADDRESS OF EMPLOYER/EMPLOYMENT SETTING:

ADDRESS: _____

CITY _____ STATE _____ COUNTY _____

Please check the correct response to the following questions:

YES* answers for 1-10 require additional information: an explanation and certified copies of related documents

- | | | |
|---|-------------------|----------------|
| 1. Have you ever been convicted of a felony?
send in certified copies of court documents | Yes | No |
| 2. Have you ever been convicted of a misdemeanor, or plead nolo contendere or deferred prosecution or been pardoned in relation to any crime?
(Any conviction exclusive of minor traffic violations such as speeding or parking violations must be reported. List speeding tickets only if you have received three (3) or more speeding tickets in the last three (3) years)
send in certified copies of court documents | Yes | No |
| 3. Do you have any criminal charges currently pending in any state, territory or country? | Yes* | No |
| 4. Has a complaint ever been filed against your RN license in West Virginia? | Yes* | No |
| 5. Has a complaint ever been filed against your RN license in any other state, territory or country? | Yes* | No |
| 6. Has a complaint ever been filed against ANY license or certification in this state or any other state, territory or country? | Yes* | No |
| 7. Has your professional practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group or have you ever been assessed a monetary fine or penalty? | Yes* | No |
| 8. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited? | Yes* | No |
| 9. Do you currently possess any condition which may affect your ability to safely and effectively engage in the practice of registered professional nursing?
YES** Attach a letter of explanation. | Yes** | No |
| 10. Do you have a court ordered child support obligation?
A. Does the amount of any unpaid obligation equal or exceed the amount of child support payable for six (6) months?
B. Are you currently the subject of a child-support or paternity subpoena? | Yes
Yes
Yes | No
No
No |
| 11. Do you own all or part of a business that operates within West Virginia?
If yes, please enter the FEIN number of your business _____ | Yes | No |

WV Code 21A-2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession, if you are in default under either the unemployment compensation laws or the worker's compensation laws, or both laws of this State.

IF EMPLOYED PROVIDE THE FOLLOWING INFORMATION:

WV CODE §30-15-7 Requires that the registered professional nurse midwife "... shall be required to practice in a collaborative relationship with a licensed physician engaged in family practice or the specialized field of gynecology or obstetrics; or a staff member at any maternity, newborn or family planning service approved by the West Virginia department of health and human resources, who, as such, shall practice nurse-midwifery in a collaborative relationship with a board-certified or board-eligible obstetrician, gynecologist, or the primary-care physician normally directly responsible for obstetrical and gynecological care in said area of practice." Please provide the name and address of the physician with whom you have this collaborative relationship.

Physician Name: _____ WV License# _____

Address: _____

Phone: _____

I certify that I have read and I do understand the information included in the statement of Standards for the Practice of Nurse Midwifery (<http://www.acnm.org>) as set forth by the American College of Nurse Midwives (WVCode §30-15-1). I also certify that the information provided on this application is true and correct to the best of my knowledge:

Signed _____
Signature and Initials

Date