



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
State Board of Medical Examiners  
Midwifery Liaison Committee  
140 East Front Street, 2nd Floor, P.O. Box 183  
Trenton, New Jersey 08625  
(609) 826-7100



## **Midwifery Liaison Committee Application Checklist**

Use this checklist to determine whether you have complied with all of the requirements. Once your application has been received, a file will be established and you will be notified regarding any missing documents or fees.

- Three (3) passport-size photographs.
- A nonrefundable application fee of \$125.00 made payable to the ***State of New Jersey***.
- An additional nonrefundable application fee of \$50.00 made payable to the ***State of New Jersey***, ***only*** if you are also applying for Prescriptive Authorization.
- A copy of your birth certificate, passport or proof of your immigration status.
- A completed and notarized application.
- Official midwifery education transcripts requested to be sent ***directly*** to the Committee at: Midwifery Liaison Committee, P.O. Box 183, Trenton, New Jersey 08625.
- Official verification of your certification status to be sent from one of the following: the American Midwife Certification Board (A.M.C.B.), the American College of Nurse Midwives Certification Council (A.C.C.), or the North American Registry of Midwives (N.A.R.M.), as applicable. The form should be sent ***directly*** to the Committee at: Midwifery Liaison Committee, P.O. Box 183, Trenton, New Jersey 08625.
- If you are applying for Prescriptive Authorization and have completed your pharmacology education in a program separate from your midwifery education, an authorized representative of the program should complete the verification form attached to the application.
- A completed and notarized Certification and Authorization Form for a Criminal History Background Check (C.H.B.C.). Instructions for the completion of a C.H.B.C. will be provided once your application has been received. If you have been fingerprinted by another New Jersey licensing board (such as the Board of Nursing), please read the instructions carefully. You do not have to be fingerprinted again. If your fingerprints were completed within the last six months, your federal background check does ***not*** need to be repeated and you should ***not*** submit an additional check for \$17.50.
- Your resume or curriculum vitae.
- The Verification of License form sent to the Committee office from any and/or all states in which you hold ***any*** professional license. Copies of licenses are ***not*** considered adequate verification for this purpose. You may use the attached verification form or the issuing state may have its own form.

Please take note of the fact that certain responses to some of the questions may require you to submit additional explanatory information. Please attach any explanations to your application. Please make reference to the number of the question to which you are responding.























