

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Fax #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

BOARD OF NURSING

CREDENTIALING INFORMATION FOR NURSE-MIDWIFE APPLICANTS

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application** - Submit application and applicable fee(s) online via LicensE.
2. **Certificate of Nurse - Midwifery Degree (Form #2551)** Complete and forward to the college or university at which you received your nurse-midwifery degree. This form must be returned directly to the Board. School can email forms directly to DSpscNursing@wisconsin.gov. Forms received from the applicant will be rejected by the Board. If the school you graduated from is closed, contact the Department of Public Instruction in the state where you graduated to determine where the records for the closed school were transferred.
3. **Verification of certification from American Midwifery Certification Board** Contact AMCB and request verification of certification be sent directly to the Board. AMCB can email verification of certification directly to DSpscNursing@wisconsin.gov.
4. **Certification Form for Malpractice Insurance Coverage for Nurse-Midwife (Form #2610)**
5. **Verification of Licensure** We require verification from each state in which you have ever held or currently hold midwife license. Contact each state board to request a verification of licensure be sent to Wisconsin. The verification must be returned directly to the Board of Nursing via mail or email to DSpscNursing@wisconsin.gov. The Board will reject verifications received from the applicant.

TEMPORARY PERMIT (Graduate Nurse-Midwife Not Certified/Awaiting AMCB Examination Results)

The Board may grant a temporary permit to an applicant who has applied for licensure as a nurse-midwife and wishes to practice nurse-midwifery before eligibility for licensure has been determined. Such permit may be granted for a 6-month period and renewed for a 3-month period. Further renewals may be granted in hardship cases, not to exceed 12 months. A person who has been unsuccessful on the examination administered by the American College of Nurse-Midwives is not eligible for a temporary permit and must return the permit to the Board of Nursing office immediately upon notification of exam results.

A temporary permit may be issued upon receipt of all of the following:

1. Submit main nurse-midwife application and applicable fee(s) online via LicensE.
2. In LicensE, add on the (non-refundable) temporary permit fee of \$10.00.
3. Official certification of completion of an approved educational program in nurse-midwifery. The certification must be sent directly from the school and is not acceptable until after the program has been completed.
4. Malpractice Insurance Coverage: Complete and submit Certification Form for Malpractice Insurance Coverage for Nurse-Midwife (**Form #2610**).
5. Request for Temporary Permit for Nurse-Midwife (**Form #2459**)
6. Proof of current Wisconsin licensure or multistate compact licensure to practice professional nursing.

Renewing a permit is the responsibility of the permit holder. To renew your permit, please submit the \$10.00 renewal fee at least two weeks before the expiration date of your current permit.

A graduate nurse-midwife holding a valid temporary permit may use the title "Graduate Nurse-Midwife" ("G.N.M.") and must practice under the supervision of a nurse-midwife certified under [Wis. Stat. § 441.15](#), or a physician.

NOTICE

If an application file does not have any activity for one year or more, it may be abandoned/withdrawn on our system without notification to the applicant. It is recommended to complete the application process in a timely fashion to ensure this does not happen.

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

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| <input type="checkbox"/> Complete application and pay applicable fee(s) via LicensE. | <input type="checkbox"/> Letters from all State Boards where licensed, active and inactive |
| <input type="checkbox"/> Certification of Nurse-Midwifery Degree (Form #2551) | <input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable |
| <input type="checkbox"/> Malpractice Insurance Coverage: Complete and submit Certification Form for Malpractice Insurance Coverage for Nurse-Midwife (Form #2610) | <input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable |
| <input type="checkbox"/> Verification of Certification from ACNM | <input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |