

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING** **CREDENTIALING INFORMATION FOR LICENSED MIDWIFE APPLICANTS**

### **INSTRUCTIONS FOR COMPLETING THE APPLICATION:**

- **Application:** Complete application and pay applicable fee(s) online via LicensE, <https://license.wi.gov/>.
- **Certificate of Proficiency in Cardiopulmonary Resuscitation, (CPR/AED):** Submit a copy of the front and back of a current certificate. To qualify for licensure, applicants must complete a CPR/AED certification program approved by the Wisconsin Department of Health Services (DHS). Qualifying AED training is offered only as a component of DHS approved CPR certification programs. DHS approved providers of CPR/AED Certification required for initial certification and renewal may be found at: [http://dhs.wisconsin.gov/ems/License\\_certification/CPR.htm](http://dhs.wisconsin.gov/ems/License_certification/CPR.htm).
- **Verification of Certification:** To obtain verification from another certification board, you must first contact each board prior to see if a fee is required for this service. Complete top portion of **(Form #2793)** and forward to the appropriate certification board. **This form must be returned by the certification board directly to the Department. Verifications received from the applicant will be rejected by the Department.**
- **Temporary Permit (Form #2790) (optional):** Complete the top portion of **(Form #2790)**. The supervisor's statement must be completed by your licensed midwife supervisor. Return this form to the Department with your application and appropriate fee. If you do not have a supervising licensed midwife at this time, you may submit **(Form #2790)** when you have a supervising licensed midwife in place. Complete **(Form #3194)** and submit to North American Registry of Midwives (NARM) for verification of preceptorship-apprentice relationship.

### **TEMPORARY PERMIT:**

An applicant for licensed midwife licensure may be eligible for a temporary permit upon submission of a completed application , supporting documents, credential fee, and temporary permit fee.

A temporary permit is valid for a period of 3 years or until the permit holder ceases to be currently registered or actively engaged as a candidate for certification under Wis. Admin. Code § SPS 181.01(4)(2)a., whichever period is shorter. Temporary permits may be renewed once at the Department's discretion for a period of no more than three (3) years. A permit holder seeking renewal must submit documentation to the Department that satisfies the requirements for an initial permit. A temporary permit holder shall inform a client orally and in writing that the temporary permit holder may not engage in the practice of midwifery unless he or she practices under the direct supervision of a licensed midwife. If termination of supervision occurs, the temporary permit will be automatically suspended until the permit holder obtains another written supervising commitment. The applicant is required to return the permit immediately. Failure to return the permit promptly may result in revocation of the permit.

An applicant for licensed midwife licensure, who holds a valid permit under this section, may not use the title "licensed midwife" and shall not practice beyond the scope of the license the holder is seeking to obtain. A permit holder is required to practice under the direct supervision of a licensed midwife. **(The supervisor must be on-site and immediately available at all times.)**

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

- Complete application and pay applicable fee(s) online via LicensE (The credential fee is \$59.00.)
- Current CPR/AED Certificate
- Verification of current American College of Nurse-Midwives credential certificate or another successor organization **OR** verification of current North American Registry of Midwives certificate or another successor organization **(Form #2793)**.
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges **(Form #2254)**, if applicable
- Malpractice Suits or Claims **(Form #2829)** and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.