



Memorandum

Date: December 5, 2011
To: Midwifery Advisory Council Members
From: Curtis Worden, Chief of Licensing
Subject: Nomination Process for Midwifery Council Membership

The MAC was established by law in 2007 to make recommendations on midwifery matters specified by the Board (B&P §2509). Applications for appointment to the MAC were solicited from all licensed midwives and others who had an interest in home births and the practice of midwifery. Based on the applications received, staff made recommendations for appointments for MAC membership to the Division of Licensing. Through February 2011, staff continued to solicit applications and make recommendations to the Board for expiring member positions.

In March 2011, staff once again solicited applications from all California licensed midwives and interested individuals for two expiring Council positions. However, in an effort to allow MAC members a greater voice in the composition of the Council, the applications were presented to the MAC for review. Applicants were invited to address the Council during its publicly held meeting and state their interest in serving on the MAC. A vote was taken on which candidates would be recommended to the Full Board. The Council voted to recommend two existing members for reappointment. Those present at the meeting, which included both licensees and members of the public, echoed their support for this recommendation.

In order to formalize the process, staff is proposing the following Nomination Process:

1. Call for applications – Three months prior to expiration of term, analyst sends letter (and form) requesting applications for vacant positions:
 - A. Licensed Midwife - all licensees
 - B. Public Member – interested parties (mailing list, ACOG, CMA, and those who have previously applied)
2. Applications are due one month prior to Council meeting. Applications are collected by staff (discipline checks are conducted on licensee applicants) and appropriately redacted for forwarding to MAC members for consideration.
3. Applicants are invited to address the MAC at the appropriate meeting.
4. At the MAC meeting:
 - A. Candidates are given the opportunity to address the Council.
 - B. Individual members nominate candidates for vote by the MAC.
 - C. A vote is taken by show of hands.
 - D. The selected candidate's names will be submitted to the Full Board for recommendation for appointment (or reappointment).

5. A Staff Memo is included in Board packet with the MAC's recommendation for appointment; a brief synopsis of the recommended member(s) is included.
6. Full Board votes to accept or reject MAC's recommendation for appointment to Board.

MEDICAL BOARD OF CALIFORNIA
Midwifery Program
Midwifery Advisory Council Member Interest Form

Expectations of Membership: The Midwifery Advisory Council (MAC) members volunteer to serve and attend all MAC meetings for a three-year term. Duties and responsibilities include those specified by the Medical Board of California (Board) members, Board staff, or designees. This interest form has been developed to solicit volunteers who will serve on the Midwifery Advisory Council, which is an advisory council that shall make recommendations to the Medical Board of California on matters specified by the Board. The MAC represents the midwifery community and the organizations/associations that represent licensed midwives in the State of California. The Council also includes public member representatives who have an interest in the midwifery community, but are not licensed midwives. To be considered for appointment, please mail or fax your Interest Form **by March 30, 2011** to:

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Attention: Cheryl Thompson / Midwifery Program
FAX: (916) 263-2387

If you have any questions please contact Cheryl Thompson at (916) 263-2393.

Name: _____
(Please Print legibly - LAST, First, Middle Initial)

Address: _____
Street Suite/ Apartment # City State Zip Code

Phone: (____) _____ (____) _____ (____) _____
Daytime Evening FAX

E-Mail Address (if applicable): _____ @ _____

Are you a California Licensed Midwife: YES NO (Check only one) License Number: LM # _____

Organization/Association being represented: _____
(If volunteering as a "public member" please insert the word "SELF - PUBLIC Interest")

Position within the Organization/Association: _____
(Board member, executive, or member)

Do you have a prepared Resume or List of Qualifications Available? Yes No
(Please attach Resume or List of Qualifications to this form)

What is your interest in midwifery practice and home births? _____
(Attach additional comments if more space is needed)

(Signature) (Date)

DISCLOSURE: Providing this information is strictly voluntary. The personal information requested on this form is being collected for consideration of appointment as a member of the Midwifery Advisory Council. This information will be reviewed by the Board staff and members of the Board and/or Midwifery Committee. This form will be retained in the files of the Licensing Operations Section. This position is voluntary and will require future time commitments. This form and attachments must be returned no later than March 30, 2011.