



# Application for a Midwife Assistant Certifying Organization

## CERTIFYING ORGANIZATION

MBC USE ONLY

Name of Midwife Assistant Certifying Organization

Certifying Agency Information

Federal Employer Identification Number (FEIN)

Address of Record

Line 1		Line 2	
City	State/Province	Zip/Postal Code	Country

Email Address

Name of Contact Person

Address of Contact Person (If different from above)

Line 1		Line 2	
City	State/Province	Zip/Postal Code	Country

Telephone Number of Contact Person

Work	Alternate
------	-----------

## CERTIFYING EXAMINATION

**NOTE:** The most recent validation report, occupational analysis and criteria as to how passing score is established must accompany this application.

Name of Organization that Validated the Applicant's Certifying Examination

Certifying Examination Information

Name of Contact Person for Above Organization

Address for Above Organization

Line 1		Line 2	
City	State/Province	Zip/Postal Code	Country

Telephone Number of Contact Person for Above Organization

## STANDARDS OF THE CERTIFYING ORGANIZATION

Pursuant to Title 16 of the California Code of Regulations (CCR) section 1379.07, an organization that certifies midwife assistants shall be approved if it meets all of the following standards. Attach proof supporting each affirmative response to the questions below to the application.

A "Yes" or "No" response is required for each item.

1. Is your organization certified by National Commission for Certifying Agencies (NCCA)?  Yes  No

2. Does your organization require all applicants for certification to successfully complete a psychometrically valid examination that is secure, is occupationally relevant and tests for the skills and procedures outlined in section 2516.5 of the Business and Professions Code?  Yes  No

Name of Midwife Assistant Certifying Organization:

STANDARDS OF THE CERTIFYING ORGANIZATION (continued)

MBC USE ONLY

3. Does your organization require all applicants for certification to have complied with one or more of the following training criteria?

Certifying Examination Information

- A. Graduation from a midwife assistant training program meeting the requirements under section 1379.06(a)(2);
B. A minimum of two years of experience as a practicing midwife assistant within five years immediately preceding the date of examination;
C. Military training or schooling equivalent to that described in (A) or (B) above;
D. Employment at the time of certification as an instructor in an accredited midwife assistant program or institution meeting the requirements under section 1379.06(a)(2) for certification of a midwife assistant.

4. Does your organization require certificate holders to obtain a minimum of 60 hours of continuing education related to the practice of midwife assistants over a five-year period?

DECLARATION

The head of the organization must sign this form. If the organization head is delegating that signature authority to another person, attach evidence of that delegation to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months. The person who signs this form may not be related to the applicant by blood, marriage, or adoption.

I, [Signature Line], being first duly sworn do so declare under penalty of perjury, under the laws of the State of California, that I am the person herein authorized to sign on behalf of the certifying organization. I have full knowledge of the content of this application and that all information contained herein and all attachments in support of this application are true and correct to the best of my knowledge.

I further declare that this organization certifies only those midwife assistants that meet the minimum training requirements as stated in the laws and regulations and denies certification to those midwife assistants that do not meet the minimum requirements.

SIGNATURE OF ORGANIZATION HEAD (Signature stamps are not acceptable)

DATE

NOTARY SECTION

SIGNATURE OF APPLICANT: (SIGN LEGAL NAME IN THE PRESENCE OF NOTARY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of County of

Subscribed and sworn to (or affirmed) before me on this

day of, 20

Print Applicant's Legal Name

by,

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SIGNATURE OF NOTARY PUBLIC

(NOTARY SEAL)

Declaration Complete

Notary Signature, Date & Seal