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**BUSINESS AND PROFESSIONS CODE - BPC**

**DIVISION 2. HEALING ARTS [500 - 4999.129]** ( *Division 2 enacted by Stats. 1937, Ch. 399.* )

**CHAPTER 6. Nursing [2700 - 2838.4]** ( *Chapter 6 repealed and added by Stats. 1939, Ch. 807.* )

**ARTICLE 2.5. Nurse-Midwives [2746 - 2746.8]** ( *Article 2.5 added by Stats. 1974, Ch. 1407.* )

**2746.** The board shall issue a certificate to practice nurse-midwifery to any person who qualifies under this article and is licensed pursuant to the provisions of this chapter.

(*Added by Stats. 1974, Ch. 1407.*)

**2746.1.** Every applicant for a certificate to practice nurse-midwifery shall comply with all the provisions of this article in addition to the provisions of this chapter.

(*Added by Stats. 1974, Ch. 1407.*)

**2746.2.** (a) An applicant shall show by evidence satisfactory to the board that they have met the educational standards established by the board or have at least the equivalent thereof.

(b) (1) The board shall appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee.

(2) The committee shall make recommendations to the board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. The committee shall provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife.

(3) The committee shall consist of four qualified nurse-midwives, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.

(4) If the board is unable, despite good faith efforts, to solicit and appoint committee members pursuant to the specifications in paragraph (3), the committee may continue to make recommendations pursuant to paragraph (2).

(*Amended by Stats. 2020, Ch. 88, Sec. 3. (SB 1237) Effective January 1, 2021.*)

**2746.3.** Midwife's certificates issued by the Medical Board of California prior to the effective date of this article shall be renewable only by such board.

(*Amended by Stats. 1989, Ch. 886, Sec. 53.*)

**2746.4.** Nothing in this article shall be construed to prevent the practice of midwifery by a person possessing a midwife's certificate issued by the Medical Board of California on the effective date of this article.

(*Amended by Stats. 1989, Ch. 886, Sec. 54.*)

**2746.5.** (a) The certificate to practice nurse-midwifery authorizes the holder to attend cases of low-risk pregnancy and childbirth and to provide prenatal care, intrapartum care, and postpartum care, including immediate care for the newborn, interconception care, family planning care, and care for common gynecologic conditions, consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives, or its successor national professional organization, as approved by the board. For purposes of this subdivision, "low-risk pregnancy" means a pregnancy in which all of the following conditions are met:

(1) There is a single fetus.

(2) There is a cephalic presentation at onset of labor.

(3) The gestational age of the fetus is greater than or equal to 37 weeks and zero days and less than or equal to 42 weeks and zero days at the time of delivery.

(4) Labor is spontaneous or induced.

(5) The patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the certified nurse-midwife is not qualified to independently address consistent with this section.

(b) (1) The certificate to practice nurse-midwifery authorizes the holder, pursuant to policies and protocols that are mutually agreed upon by a physician and surgeon, that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, and that are signed by both the certified nurse-midwife and a physician and surgeon, to do any of the following:

(A) Provide a patient with care that falls outside the scope of services specified in subdivision (a).

(B) Provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium.

(C) Furnish or order a Schedule II or III controlled substance, including for patients that fall within the scope of services specified in subdivision (a).

(2) If a physician and surgeon assumes care of the patient, the certified nurse-midwife may continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, as indicated by the mutually agreed-upon policies and protocols signed by both the certified nurse-midwife and a physician and surgeon.

(3) After a certified nurse-midwife refers a patient to a physician and surgeon, the certified nurse-midwife may continue care of the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon.

(c) (1) If a nurse-midwife does not have in place mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the certified nurse-midwife and a physician and surgeon pursuant to paragraph (1) of subdivision (b), the patient shall be transferred to the care of a physician and surgeon to do either or both of the following:

(A) Provide a patient with care that falls outside the scope of services specified in subdivision (a).

(B) Provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium.

(2) After the certified nurse-midwife initiates the process of transfer pursuant to paragraph (1), for a patient who otherwise meets the definition of a low-risk pregnancy but no longer meets the criteria specified in paragraph (3) of subdivision (a) because the gestational age of the fetus is greater than 42 weeks and zero days, if there is inadequate time to effect safe transfer to a hospital prior to delivery or transfer may pose a threat to the health and safety of the patient or the fetus, the certified nurse-midwife may continue care of the patient consistent with the transfer plan described in subdivision (a) of Section 2746.54.

(3) A patient who has been transferred from the care of a certified nurse-midwife to that of a physician and surgeon may return to the care of the certified nurse-midwife after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer from the care of the nurse-midwife pursuant to paragraph (1) is resolved.

(d) The certificate to practice nurse-midwifery authorizes the holder to attend pregnancy and childbirth in an out-of-hospital setting if consistent with subdivisions (a), (b), and (c).

(e) This section shall not be interpreted to deny a patient's right to self-determination or informed decisionmaking with regard to choice of provider or birth setting.

(f) The certificate to practice nurse-midwifery does not authorize the holder of the certificate to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version.

(g) A certified nurse-midwife shall document all consultations, referrals, and transfers in the patient record.

(h) (1) A certified nurse-midwife shall refer all emergencies to a physician and surgeon immediately.

(2) A certified nurse-midwife may provide emergency care until the assistance of a physician and surgeon is obtained.

(i) This chapter does not authorize a nurse-midwife to practice medicine or surgery.

(j) This section shall not be construed to require a physician and surgeon to sign protocols and procedures for a nurse-midwife or to permit any action that violates Section 2052 or 2400.

(k) This section shall not be construed to require a nurse-midwife to have mutually agreed-upon, signed policies and protocols for the provision of services described in subdivision (a).

(l) Notwithstanding any other law, subject to the discretion of a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, or a special hospital specified as a maternity hospital, as defined in subdivision (f) of Section 1250 of the Health and Safety Code, and the medical staff bylaws of that facility, a hospital may grant privileges to a certified nurse-midwife, allowing them to admit and discharge patients upon their own authority, within their scope of practice, as delineated in this section, and in accordance with organized medical staff bylaws of that facility.

*(Amended by Stats. 2023, Ch. 497, Sec. 2.5. (SB 667) Effective January 1, 2024.)*

**2746.51.** (a) Neither this chapter nor any other law shall be construed to prohibit a certified nurse-midwife from furnishing or ordering drugs or devices, including controlled substances classified in Schedule II, III, IV, or V under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code), when all of the following apply:

(1) The drugs or devices are furnished or ordered incidentally to the provision of any of the following:

(A) The care and services described in Section 2746.5.

(B) Care rendered, consistent with the certified nurse-midwife's educational preparation or for which clinical competency has been established and maintained, to persons within a facility specified in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the Health and Safety Code, a clinic as specified in Section 1204 of the Health and Safety Code, a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a licensed birth center as defined in Section 1204.3 of the Health and Safety Code, or a special hospital specified as a maternity hospital in subdivision (f) of Section 1250 of the Health and Safety Code.

(C) Care rendered in an out-of-hospital setting pursuant to subdivision (d) of Section 2746.5.

(2) The furnishing or ordering of drugs or devices by a certified nurse-midwife for services that do not fall within the scope of services specified in subdivision (a) of Section 2746.5 shall be furnished in accordance with, and specified in, the policies and protocols mutually agreed upon pursuant to paragraph (1) of subdivision (b) of Section 2746.5, which shall specify all of the following:

(A) Which certified nurse-midwife may furnish or order drugs or devices.

(B) Which drugs or devices may be furnished or ordered and under what circumstances.

(C) The method of periodic review of the certified nurse-midwife's competence, including peer review, and review of the provisions of the standardized procedure.

(3) If Schedule II or III controlled substances, as defined in Sections 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife for any condition, including, but not limited to, Schedule II or III controlled substances for services that fall within the scope of services specified in subdivision (a) of Section 2746.5, the controlled substances shall be furnished or ordered in accordance with policies and protocols mutually agreed upon pursuant to paragraph (1) of subdivision (b) of Section 2746.5. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(b) (1) The furnishing or ordering of drugs or devices by a certified nurse-midwife is conditional on the issuance by the board of a number to the applicant who has successfully completed the requirements of paragraph (2). The board may issue a furnishing number upon initial application and, if approved by the board, the applicant shall not be required to make a separate application. The number shall be included on all transmittals of orders for drugs or devices by the certified nurse-midwife. The board shall maintain a list of the certified nurse-midwives that it has certified pursuant to this paragraph and the number it has issued to each one. The board shall make the list available to the California State Board of Pharmacy upon its request. Every certified nurse-midwife who is authorized pursuant to this section to furnish or issue a drug order for a controlled substance shall register with the United States Drug Enforcement Administration and the Controlled Substance Utilization Review and Enforcement System (CURES) pursuant to Section 11165.1 of the Health and Safety Code.

(2) The board has certified in accordance with paragraph (1) that the certified nurse-midwife has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section, including the risks of addiction and neonatal abstinence syndrome associated with the use of opioids. The board shall establish the requirements for satisfactory completion of this paragraph.

(3) Certified nurse-midwives who are certified by the board and hold an active furnishing number and who are registered with the United States Drug Enforcement Administration shall provide documentation of continuing education specific to the use of Schedule II controlled substances in settings other than a hospital based on standards developed by the board.

(c) Furnishing of drugs or devices by a certified nurse-midwife means the act of making a pharmaceutical agent or agents available to the patient. Use of the term "furnishing" in this section shall include the following:

(1) The ordering of a nonscheduled drug or device for services that fall within the scope of services specified in subdivision (a) of Section 2746.5.

(2) The ordering of a nonscheduled drug or device for services that fall outside the scope of services specified in subdivision (a) of Section 2746.5 in accordance with mutually agreed upon policies and protocols pursuant to paragraph (1) of subdivision (b) of Section 2746.5.

(3) The ordering of a Schedule IV or V drug for any condition, including, but not limited to, for care that falls within the scope of services specified in subdivision (a) of Section 2746.5.

(4) The ordering of a Schedule II or III drug in accordance with mutually agreed upon policies and protocols pursuant to paragraph (1) of subdivision (b) of Section 2746.5.

(5) Transmitting an order of a physician and surgeon.

(d) "Drug order" or "order" for purposes of this section means an order for medication or for a drug or device that is dispensed to or for an ultimate user, issued by a certified nurse-midwife as an individual practitioner, within the meaning of Section 1306.03 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by certified nurse-midwives; and (3) the signature of a certified nurse-midwife on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(e) Notwithstanding any other law, a certified nurse-midwife may directly procure supplies and devices, obtain and administer diagnostic tests, directly obtain and administer nonscheduled drugs, and dispense drugs pursuant to Section 4170, consistent with the provision of services that fall within the scope of services specified in subdivision (a) of Section 2746.5, order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a certified nurse-midwife within their scope of practice, consistent with Section 2746.5.

*(Amended by Stats. 2023, Ch. 497, Sec. 3. (SB 667) Effective January 1, 2024.)*

**2746.52.** (a) Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum.

(b) A certified nurse-midwife performing and repairing first-degree and second-degree lacerations of the perineum shall do both of the following:

(1) Ensure that all complications are referred to a physician and surgeon immediately.

(2) Ensure immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care for times when a physician and surgeon is not on the premises.

*(Amended by Stats. 2020, Ch. 88, Sec. 6. (SB 1237) Effective January 1, 2021.)*

**2746.53.** The board may charge the applicant a fee to cover all necessary costs to implement Section 2746.51, that shall be not more than one thousand five hundred dollars (\$1,500) for an initial application, nor more than one thousand dollars (\$1,000) for an application for renewal. The board may charge a penalty fee for failure to renew a furnishing number within the prescribed time that shall be not more than five hundred dollars (\$500).

*(Amended by Stats. 2022, Ch. 413, Sec. 9. (AB 2684) Effective January 1, 2023.)*

**2746.54.** (a) A certified nurse-midwife shall disclose in oral and written form to a prospective patient as part of a patient care plan, and obtain informed consent for, all of the following:

(1) The patient is retaining a certified nurse-midwife and the certified nurse-midwife is not supervised by a physician and surgeon.

(2) The certified nurse-midwife's current licensure status and license number.

(3) The practice settings in which the certified nurse-midwife practices.

(4) If the certified nurse-midwife does not have liability coverage for the practice of midwifery, the certified nurse-midwife shall disclose that fact.

(5) There are conditions that are outside of the scope of practice of a certified nurse-midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.

(6) The specific arrangements for the referral of complications to a physician and surgeon for consultation. The certified nurse-midwife shall not be required to identify a specific physician and surgeon.

(7) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.

(8) If, during the course of care, the patient is informed that the patient has or may have a condition indicating the need for a mandatory transfer, the certified nurse-midwife shall initiate the transfer.

(9) The availability of the text of laws regulating certified nurse-midwifery practices and the procedure for reporting complaints to the Board of Registered Nursing, which may be found on the Board of Registered Nursing's internet website.

(10) Consultation with a physician and surgeon does not alone create a physician-patient relationship or any other relationship with the physician and surgeon. The certified nurse-midwife shall inform the patient that certified nurse-midwife is independently licensed and practicing midwifery and in that regard is solely responsible for the services the certified nurse-midwife provides.

(b) The disclosure and consent shall be signed by both the certified nurse-midwife and the patient and a copy of the disclosure and consent shall be placed in the patient's medical record.

(c) The Nurse-Midwifery Advisory Committee, in consultation with the board, may recommend to the board the form for the written disclosure and informed consent statement required to be used by a certified nurse-midwife under this section.

(d) This section shall not apply when the intended site of birth is the hospital setting.

*(Added by Stats. 2020, Ch. 88, Sec. 7. (SB 1237) Effective January 1, 2021.)*

**2746.55.** (a) For all maternal or neonatal transfers to the hospital setting during labor or the immediate postpartum period, for which the intended place of birth was an out-of-hospital setting at the onset of labor, or for any maternal, fetal, or neonatal death that occurred in the out-of-hospital setting during labor or the immediate postpartum period, and for which the intended birth care provider is a certified nurse-midwife in the out-of-hospital setting, the department shall collect, and the certified nurse-midwife shall be required to submit, within 90 days of the transfer or death, the following data in the form determined by the department. The data shall include all of the following:

(1) Attendant's name, for the certified nurse-midwife who attended the patient at the time of transfer, or who attended the patient at the time of maternal, fetal, or neonatal death.

(2) Attendant's license number, for the certified nurse-midwife who attended the patient at the time of transfer, or who attended the patient at the time of maternal, fetal, or neonatal death.

(3) The child's date of delivery for births attended by the nurse-midwife.

(4) The sex of the child, for births attended by the nurse-midwife.

(5) The date of birth of the parent giving birth.

(6) The date of birth of the parent not giving birth.

(7) The residence ZIP Code of the parent giving birth.

(8) The residence county of the parent giving birth.

(9) The weight of the parent giving birth (pregnancy weight and delivery weight of parent giving birth).

(10) The height of the parent giving birth.

(11) The race and ethnicity of the genetic parents, unless the parent declines to disclose.

- (12) The obstetric estimate of gestation (completed weeks), at time of transfer.
- (13) The total number of prior live births.
- (14) The principal source of payment code for delivery.
- (15) Any complications and procedures of pregnancy and concurrent illnesses up until time of transfer or death.
- (16) Any complications and procedures of labor and delivery up until time of transfer or death.
- (17) Any abnormal conditions and clinical procedures related to the newborn up until time of transfer or death.
- (18) Fetal presentation at birth, or up until time of transfer.
- (19) Whether this pregnancy is a multiple pregnancy (more than one fetus this pregnancy).
- (20) Whether the patient has had a previous cesarean section.
- (21) If the patient had a previous cesarean, indicate how many.
- (22) The intended place of birth at the onset of labor, including, but not limited to, home, freestanding birth center, hospital, clinic, doctor's office, or other location.
- (23) Whether there was a maternal death.
- (24) Whether there was a fetal death.
- (25) Whether there was a neonatal death.
- (26) Hospital transfer during the intrapartum or postpartum period, including, who was transferred (mother, infant, or both) and the complications, abnormal conditions, or other indications that resulted in the transfer.
- (27) The name of the transfer hospital, or other hospital identification method as required, such as the hospital identification number.
- (28) The county of the transfer hospital.
- (29) The ZIP Code of the transfer hospital.
- (30) The date of the transfer.
- (31) Other information as prescribed by the State Department of Public Health.

(b) In the event of a maternal, fetal, or neonatal death that occurred in an out-of-hospital setting during labor or the immediate postpartum period, a certified nurse-midwife shall submit to the department, within 90 days of the death, all of the following data in addition to the data required in subdivision (a):

- (1) The date of the maternal, neonatal, or fetal death.
- (2) The place of delivery, for births attended by the nurse-midwife.
- (3) The county of the place of delivery, for births attended by the nurse-midwife.
- (4) The ZIP Code of the place of delivery, for births attended by the nurse-midwife.
- (5) The APGAR scores, for births attended by the nurse-midwife.
- (6) The birthweight, for births attended by the nurse-midwife.
- (7) The method of delivery, for births attended by the nurse-midwife.

(c) The data submitted pursuant to subdivisions (a) and (b) shall be in addition to the certificate of live birth information required pursuant to Sections 102425 and 102426 of the Health and Safety Code.

(d) For those cases that involve a hospital transfer, the department shall link the data submitted by the certified nurse-midwife, pursuant to subdivision (a), to the live birth data reported by hospitals to the department, pursuant to Sections 102425 and 102426 of the Health and Safety Code, and to the patient discharge data that reflects the birth hospitalization and reported by hospitals to the Department of Health Care Access and Information, so that additional data reflecting the outcome can be incorporated into the aggregated reports submitted pursuant to subdivision (i).

(e) The department may adjust, improve, or expand the data elements required to be reported pursuant to subdivisions (a) and (b) to better coordinate with other data collection and reporting systems, or in order to collect more accurate data, as long as the minimum data elements in subdivisions (a) and (b) are preserved.

(f) The department shall treat the information and data gathered pursuant to this section, for the creation of the reports described in subdivision (i), as confidential records, and shall not permit the disclosure of any patient or certified nurse-midwife information to any law enforcement or regulatory agency for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes. This subdivision shall not prevent the department from responding to inquiries from the Board of Registered Nursing as to whether a licensee has reported pursuant to this section.

(g) The information collected by the department pursuant to this section, and not otherwise subject to current confidentiality requirements, shall be treated as confidential records and shall only be made available for use consistent with paragraph (1) of, paragraph (4) of, and subparagraph (A) of paragraph (8) of, subdivision (a) of Section 102430 of the Health and Safety Code and pursuant to the application, review, and approval process established by the department pursuant to Section 102465 of the Health Safety Code.

(h) At the time of each certified nurse-midwife's license renewal, the Board of Registered Nursing shall send a written notification to the certified nurse-midwife notifying them of the mandated vital records reporting requirements for out-of-hospital births pursuant to subdivisions (a) and (b) and Section 102415 of the Health and Safety Code and that a violation of this section shall subject the certified nurse-midwife to disciplinary or administrative action by the board.

(i) (1) The department shall report to the Legislature on the data collected pursuant to this section. The report shall include the aggregate information, including, but not limited to, birth outcomes of patients under the care of a certified nurse-midwife in an out-of-hospital setting at the onset of labor, collected pursuant to this section and Sections 102425 and 102426 of the Health and Safety Code.

(2) The first report, to reflect a 12-month period of time, shall be submitted no later than four and one-half years after the State Department of Public Health receives an appropriation as specified in subdivision (m) and each subsequent report reflecting a 12-month reporting period shall be submitted annually to the Legislature every year thereafter.

(3) A report required under this subdivision shall be submitted in compliance with Section 9795 of the Government Code.

(j) All reports, including those submitted to the Legislature or made publicly available, shall utilize standard public health reporting practices for accurate dissemination of these data elements, specifically in regards to the reporting of small numbers in a way that does not risk a confidentiality or other disclosure breach. No identifying information in regards to the patient or the nurse-midwife shall be disclosed in the reports submitted pursuant to subdivision (i).

(k) A violation of this section shall subject the certified nurse-midwife to disciplinary or administrative action by the Board of Registered Nursing.

(l) For purposes of this section, "department" means the State Department of Public Health.

(m) This section shall become operative only upon the Legislature making an appropriation to implement the provisions of this section.

*(Amended by Stats. 2022, Ch. 511, Sec. 14. (SB 1495) Effective January 1, 2023. Conditionally operative by its own provisions.)*

**2746.6.** (a) The board shall not suspend or revoke a certificate to practice nurse-midwifery solely for performing an abortion if the holder performed the abortion in accordance with the provisions of this chapter and the Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code).

(b) Notwithstanding any other law, including, but not limited to, Sections 141, 480, 490, and 2761, the board shall not deny an application for certification as a certified nurse-midwife, or suspend, revoke, or otherwise impose discipline upon a person certified in this state to practice nurse-midwifery under either of the following circumstances:

(1) The person is licensed or certified to practice nurse-midwifery in another state and was disciplined in that state solely for performing an abortion in that state.

(2) The person is licensed or certified to practice nurse-midwifery in another state and was convicted in that state for an offense related solely to the performance of an abortion in that state.

*(Added by Stats. 2022, Ch. 565, Sec. 2. (AB 2626) Effective September 27, 2022.)*

**2746.7.** An applicant for certification pursuant to this article shall submit a written application in the form prescribed by the board, accompanied by the fee prescribed by Section 2815.5.

*(Added by Stats. 1974, Ch. 1407.)*

**2746.8.** (a) Each certificate issued pursuant to this article shall be renewable biennially, and each person holding a certificate under this article shall apply for a renewal of the certificate and pay the biennial renewal fee required by Section 2815.5 every two years on or before the last day of the month following the month in which their birthday occurs, beginning with the second birthday following the date on which the certificate was issued, whereupon the board shall renew the certificate.

(b) Each certificate that is not renewed in accordance with this section shall expire, but may, within a period of eight years, be reinstated upon payment of the biennial renewal fee and penalty fee required by Section 2815.5 and submission of proof of the applicant's qualifications as may be required by the board. During the eight-year period, no examination shall be required as a condition for the reinstatement of an expired certificate that has lapsed solely by reason of nonpayment of the renewal fee. After the expiration of the eight-year period, the board may require, as a condition of reinstatement, that the applicant pass an examination as it deems necessary to determine the applicant's present fitness to resume the practice of nurse-midwifery.

*(Amended by Stats. 2023, Ch. 510, Sec. 32. (SB 887) Effective January 1, 2024.)*