

BAYSTATE MEDICAL CENTER  
MIDWIFERY EDUCATION PROGRAM  
APPLICATION FORM – REENTRY PROGRAM

**GENERAL INSTRUCTIONS**

Please direct all inquiries in writing to:

Director of Midwifery Education Program  
Baystate Medical Center  
689 Chestnut Street  
Springfield, MA 01199

1. Please complete and return the enclosed application with a check or money order for \$100.00 made out to “BMC Midwifery Education Program”. This fee is non-refundable.
2. Please submit a detailed resume/CV which includes specific descriptions of your experiences in family planning, well woman gynecology, STD management, antepartum care, labor management, births, postpartum and newborn management.
3. Submit official copies of transcripts from your midwifery and other graduate programs.
4. References: Two professional references are required. Applicants should include one reference from their most recent supervisor in a clinical position.

**The Midwifery Education Program affirmatively seeks to attract to its faculty, staff and student body qualified persons of diverse backgrounds and pursuant to this policy, no applicant for admission as a student or applicant for employment is discriminated against because of race, sex, sexual orientation, color, religion or national ethnic origin. It is also the Program’s policy that no qualified handicapped person is discriminated against on the basis of handicap.**

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NAME (in full): \_\_\_\_\_  
  First  Middle  Last

OTHER NAME(S): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_(\_\_\_\_\_)\_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_(\_\_\_\_\_)\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_(\_\_\_\_\_)\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

CITIZEN OF: \_\_\_\_\_

GENDER (Optional):        FEMALE ( )                      MALE ( )

RACE (Optional):

WHITE (Non-Hispanic) \_\_\_\_\_ BLACK (Non-Hispanic) \_\_\_\_\_

HISPANIC/LATINA \_\_\_\_\_ ASIAN OR PACIFIC ISLANDER \_\_\_\_\_

NATIVE AMERICAN \_\_\_\_\_ OTHER \_\_\_\_\_

MARITAL STATUS: (Optional)

SINGLE \_\_\_\_\_ MARRIED/PARTNER \_\_\_\_\_ DIVORCED/SEPARATED/WIDOWED \_\_\_\_\_

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Have you ever had any disciplinary action taken on any professional license? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain:

**CURRENT LICENSES and CERTIFICATIONS:**  
Please list all your current licenses and certifications.

**TWO PROFESSIONAL REFERENCES:** From whom are you requesting reference? References should be mailed directly to the Midwifery Education Program.

**NOTE: One reference must be from your most recent supervisor.**

NAME, POSITION, ADDRESS, PHONE:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**It is occasionally necessary to discuss professional references by phone. Please sign below if you agree to allow the Program Director to contact your references by phone.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Baystate Medical Center  
Midwifery Education Program  
Admissions Committee  
689 Chestnut Street  
Springfield, MA 01199**

These references become part of the student's file upon admission. The above-named candidate may have access to his/her file in compliance with the Family Education Rights and Privacy Act of 1974, upon matriculation.

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ESSAY: On a separate sheet of paper (no more than two typewritten single-spaced pages), please address the following questions:

1. Why do you need/want to complete a reentry program?
2. Why are you seeking to do a reentry program at this time?
3. In which areas do you anticipate a need for a didactic/clinical refresher?
4. What have you done to maintain current knowledge and skills?
5. What are your future practice plans as a midwife?

**I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief.**

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(Signature)

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(Date)

**APPLICANT REFERENCE FORM #1 (SUPERVISOR)**

1. Name of Applicant: \_\_\_\_\_
2. Name of Reference: \_\_\_\_\_
3. Address of Reference: \_\_\_\_\_  
\_\_\_\_\_

The above-named individual is an applicant to a graduate level program in Nurse-Midwifery. Nurse-Midwifery practice is the independent management and care of essentially healthy women during the antepartum, intrapartum, postpartum and interconceptual periods. The management occurs within a health care system which provides for medical consultation, collaborative management and referral.

In a brief narrative, please respond to each of the following areas:

1. The applicant's ability and qualifications to participate in a self-directed midwifery program. Address academic capabilities, if known, and written and verbal skills.
2. The applicant's ability to manage the care of a patient independently, make clinical judgments, and ultimately, practice successfully as a midwife. Please use behavioral examples.

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Based on other people you have worked with or taught, please rate the candidate in the following areas:

	Excellent Top 10%	Above Average Top 40%	Average 40% - 60%	Below Average <40%	No Basis To Make Decision	Comment On Your Rating
Motivation / Enthusiasm						
Interaction with Patients						
Interaction with Other Professionals						
Performance Under Stress						
Adaptability to New Situations						
Ability to Accept Criticism						
Cross-Cultural Sensitivity						
Leadership Skills						

Are there any additional comments or information you would like us to know about this person?

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return this completed form by April 1, directly to:**

**Baystate Medical Center  
 Midwifery Education Program  
 Admissions Committee  
 689 Chestnut Street  
 Springfield, MA 01199**

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**APPLICANT REFERENCE FORM #2**

1. Name of Applicant: \_\_\_\_\_
2. Name of Reference: \_\_\_\_\_
3. Address of Reference: \_\_\_\_\_  
\_\_\_\_\_

The above-named individual is an applicant to a graduate level program in Nurse-Midwifery. Nurse-Midwifery practice is the independent management and care of essentially healthy women during the antepartum, intrapartum, postpartum and interconceptual periods. The management occurs within a health care system which provides for medical consultation, collaborative management and referral.

In a brief narrative, please respond to each of the following areas:

1. The applicant's ability and qualifications to participate in a self-directed midwifery program. Address academic capabilities, if known, and written and verbal skills.
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Adaptability to New Situations						
Ability to Accept Criticism						
Cross-Cultural Sensitivity						
Leadership Skills						

Are there any additional comments or information you would like us to know about this person?

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

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