BAYSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
APPLICATION FORM

GENERAL INSTRUCTIONS

Early Decision Deadline: **February 1st**
Application Closing Date: **April 1st**
(Please contact Program at [midwifery@baystatehealth.org](mailto:midwifery@baystatehealth.org) following this date to explore possibility of application being considered.)

**It is the applicant’s responsibility to see that all credentials are on file. This includes transcripts and letters of reference. Folders which are incomplete at the closing date may not be considered for upcoming admission.** Please direct all inquiries in writing to:

Director of Midwifery Education Program
Baystate Medical Center
689 Chestnut Street 2nd Floor
Springfield, MA 01199

1. Please complete and return the enclosed application with a check or money order for $50.00 made out to “BMC Midwifery Education Program”. This fee is non-refundable.
2. Faxed applications, essays, transcripts, or letters of reference are not acceptable. All materials must be original.
3. Transcripts: A transcript of your record from every college, university, or professional school which you have attended, even on a part-time basis, should be sent directly from the school to the above address. Official transcripts should also be sent directly to Philadelphia University, Office of Graduate Admissions, 4201 Henry Avenue, Philadelphia, PA 19144
4. References: Two professional references are required. The forms are enclosed for distribution. Applicants should include references from their most recent supervisor, and two persons familiar with the applicant’s clinical expertise and/or academic capability. If the applicant has previously attended another midwifery education program, she/he should request an additional reference from their former program director. References are to be returned directly to the address above.
5. The Midwifery Education Program requires a college level course in Physical Assessment which includes both a didactic and clinical component. The course must have been completed within the past five years.
6. *An undergraduate course in Statistics is strongly recommended.*

Following initial screening, selected applicants will be asked to come for an admissions interview. Notification of action on individual applications will be mailed by June 1.

**A separate application for Philadelphia University is not required.**

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.
NAME (in full): _____________________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

OTHER NAME(S): ______________________________________________________

PRESENT ADDRESS: _____________________________________________________

________________________________________ PHONE: (____)________

PERMANENT ADDRESS: __________________________________________________

________________________________________ PHONE: (____)________

WORK ADDRESS: ______________________________________________________

________________________________________ PHONE: (____)________

EMAIL ADDRESS: _____________________________________________________

SOCIAL SECURITY #: _______ - _______ - _______

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 _____

MARITAL STATUS (Optional):

SINGLE _____ MARRIED/PARTNER _____ DIVORCED/SEPARATED/WIDOWED _____
**GENERAL HEALTH:** Do you have any health related problems that would impede your participation in, or completion of any aspects of this Program?

[ ] Yes  [ ] No  If yes, please explain:

____________________________________________________________________________________

The Program requires clearance by the Baystate Medical Center Health Office for admission. This includes drug testing.

Please attach an explanation of any past impairment (mental or physical) including alcohol or drug dependency.

**EDUCATION:** Please include all post secondary schools attended. List most recent first. If more space is needed, attach on an additional page.

**REFER TO CV:**

<table>
<thead>
<tr>
<th>NAME &amp; LOCATION OF SCHOOL</th>
<th>DATES ATTENDED</th>
<th>MAJOR</th>
<th>DIPLOMAN/DEGREE CERTIFICATE/YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Honors, awards, or other recognitions: ________________________________

__________________________________________________________________

__________________________________________________________________
PHYSICAL ASSESSMENT PREPARATION: The Midwifery Education Program requires competence in general physical assessment, therefore, evidence of a recent (i.e., within the last five years) college-level course in Physical Assessment is needed. How have you or how will you meet this requirement? Please attach the course description from the college catalogue and the transcript of documentation of course completion.

PROFESSIONAL WORK EXPERIENCE (List most recent first):

REFER TO CV: _____

<table>
<thead>
<tr>
<th>DATES START/END</th>
<th>EMPLOYER / ADDRESS</th>
<th>TITLE / POSITION</th>
<th>HOURS PER WEEK</th>
<th>BRIEF JOB DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE LIST ACTIVE PROFESSIONAL LICENSURE(S)/CERTIFICATIONS. Include nursing, PA, CPR, CBE, IBCLC, NCC, Neonatal Resuscitation, etc. Attach copies of cards.

STATE: _______________ REGISTRATION #: ___________ EXP. DATE: ___________

_____________  _______________  _______________

_____________  _______________  _______________

_____________  _______________  _______________

Has any license/certification ever been suspended or revoked? ________
If yes, attach explanation.
**REFER TO CV: _____**

<table>
<thead>
<tr>
<th>PROFESSIONAL MEMBERSHIPS AND/OR ACTIVITIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNITY ACTIVITIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

If you DO NOT HAVE LABOR AND DELIVERY EXPERIENCE, please indicate how and when you have met or will meet the **preadmission** requirement:

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>HOW MET</th>
<th>WHEN MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childbirth Education or Doula Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROFESSIONAL REFERENCES: Please distribute the enclosed forms to the individuals listed below. These forms should be mailed directly to the Midwifery Education Program by April 1st.

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

1. How did you come to the decision to become a nurse-midwife?

2. What are your short and long term professional goals as a nurse-midwife?

3. How do you perceive your academic ability? Assess ability to perform in a self-directed independent study program.

4. In light of the philosophy of this Program and what you know to be the role of the nurse-midwife student, what do you perceive to be your strengths, limitations and stressors? How will these help or hinder your ability to be successful as a certified nurse-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.

__________________________
(Signature)

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

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

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

* This reference becomes 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.
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.

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

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

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

* This reference becomes 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.