BAYSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
APPLICATION FORM

GENERAL INSTRUCTIONS

Early Decision Deadline: **December 3rd**, notification of decision by February 1st
Application Closing Date: **March 15th**, notification of decision by May 15th

Applications will be considered after the March 15th deadline on a space available basis. Contact the program at: midwifery@baystatehealth.org

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. A separate application is not required for Thomas Jefferson University.

Please direct all inquiries to: midwifery@baystatehealth.org  Or call the program at: (413) 794-4448

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 Midwifery Education Program: Baystate Medical Center, 689 Chestnut St., Springfield, MA 01199. Official transcripts must also be sent directly to Thomas Jefferson University, Office of Graduate Admissions, 4201 Henry Avenue, Philadelphia, PA 19144. (Not required for applicants with a pre-existing master’s degree.)
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 required.

Following initial screening, selected applicants will be asked to come for an admissions interview. Notification of action on individual applications will be mailed by May 15.

**A separate application for Thomas Jefferson 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): ____________________________________________

First       Middle       Last

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: ______

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<tr>
<th>NAME &amp; LOCATION OF SCHOOL</th>
<th>DATES ATTENDED</th>
<th>MAJOR</th>
<th>DIPLOMAN/DEGREE CERTIFICATE/YEAR</th>
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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: _____

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<tr>
<th>DATES START/END</th>
<th>EMPLOYER / ADDRESS</th>
<th>TITLE / POSITION</th>
<th>HOURS PER WEEK</th>
<th>BRIEF JOB DESCRIPTION</th>
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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.
**PROFESSIONAL MEMBERSHIPS AND/OR ACTIVITIES:**

**COMMUNITY ACTIVITIES:**

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

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<th>REQUIREMENT</th>
<th>HOW MET</th>
<th>WHEN MET</th>
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<tr>
<td>Childbirth Education or Doula Training</td>
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PROFESSIONAL REFERENCES: Please distribute the enclosed forms to the individuals listed below. These forms should be mailed directly to the Midwifery Education Program by March 15th.
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:

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<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>
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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: __________________________________________________________

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Signature: __________________________ Position: __________________________
Institution: __________________________ Phone: __________________________

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