

ASSOCIATION OF TEXAS MIDWIVES
MIDWIFERY TRAINING PROGRAM APPLICATION
P.O. Box 52187 Midland, TX 79710
432-664-8845

NAME _____ CELL PHONE _____
DATE OF BIRTH _____ HOME OR OTHER CONTACT PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____
DATE OF APPLICATION _____ DATE OF 1st PLANNED WORKSHOP May November

Please fill out this form and return it to our office along with the following documents. If you have any questions concerning the application or financial agreement contact the Course Coordinator at the above phone number:

- Background Questions
- High School Diploma or G.E.D. (High school or college transcripts accepted)
- *Copy of Current CPR (*CPR certification must be either **BLS for the Health Care Provider**, American Heart or **CPR for the Professional Rescuer**, Red Cross*)
- Copy of your drivers license or other legal picture ID
- Membership Dues (*please print student membership application from www.texasmidwives.com and send in with this application*)
- Course Fee (1st payment of \$875.00)
- Application Fee (\$150.00, US students, \$200.00 for students in Mexico or Canada)

*** Note: you will not be enrolled in the program without the correct CPR.**

You may send one check for all fees due.

Please check which applies:

- I am already a current ATM member.
- I have mailed in my dues along with my application.
- I am paying my membership and course fees using PayPal (please note there is a \$25 service charge each time PayPal is used)

Office Use	
Date application received:	_____
Paid by:	_____
Amount:	_____
Membership current through	_____
Region #	_____

The course is to be completed (academics and clinicals) within 3 1/2 years of beginning. ATM is not responsible for students that do not complete the course within this time frame and will offer no refund other than those outlined in the Financial Agreement. Students that fail to finish in the allotted time will still be responsible for the financial arrangements agreed to in the Financial Agreement. ATM is not responsible for arranging preceptors. I understand that securing an apprenticeship may be difficult. ATM provides a list of current approved preceptors and it will be my responsibility to make acceptable arrangements for my clinical training. **Applications must be postmarked no later than January 1st in order to attend the May Introduction to Midwifery Workshop, or June 30th in order to attend the November Introduction to Midwifery Workshop.** Failure to do so will result in not being allowed to attend the selected workshop.

Out of state students selecting the academics only portion of the course must be approved by the course coordinator. Please contact the ATM office for further instructions.

Background Information

This information is confidential. Please be as honest and forthright as possible – there are no right or wrong answers. Please include **complete** answers to the following questions with your application. Your name should be shown at the top of each page.

1. Write a one page essay on “Why I want to be a midwife.”
2. What is your philosophy of childbirth?
3. If you have children, give a brief description of each of your births, including length of breastfeeding.
4. What is your past experience or employment, if any, related to midwifery?
5. Study time, attending workshops, prenatal and births, will be a time consuming process. How do you plan to care for your family and meet your work responsibilities as you train for midwifery?
6. What do you estimate your total expense for this course to be? Please review the education portion of our website carefully to help with this determination. Are you financially able to meet these expenses?
7. Do you know a midwife with whom you can apprentice? Is she an **ATM** preceptor? How far away from you is the closest midwife? What are her qualifications?
8. Do you have any religious convictions, conflicts or reservations concerning the practice of midwifery or use of medical services?
9. Are you familiar with the laws governing the practice of midwifery in the state of Texas? Do you intend to comply with the Rules and Regulations set forth by the Midwifery Board of the Texas Department of Health?
10. How did you find out about this course?

ASSOCIATION OF TEXAS MIDWIVES
MIDWIFERY TRAINING PROGRAM
Financial Agreement

I understand that the Association of Texas Midwives Midwifery Training Program fee is \$7000.00, or \$875.00 per module, and there is an additional application fee of \$150.00 (\$200.00 if I live in Mexico or Canada). I also understand that there may be fees associated with my apprenticeship, dependent upon the preceptor I choose. Apprenticeship is a private arrangement between the midwife and the student.

I understand that my first payment of \$875.00 is for my first module, Introduction to Midwifery. Tuition of \$875.00 for each subsequent module must be paid in full in advance of receipt of the following module assignments, and is due at the time of registration for the *current* module workshop, three weeks prior to that workshop date. I understand this will be a total of eight (8) payments of \$875.00 each, including the initial deposit of \$150.00 enclosed with this application for a total of \$7150.00 for the entire program. There is an additional fee if paying by electronic means (PayPal) of \$25.00 per module or \$150.00 total. Other fees associated with the program that I may be subject to are: re-take fee for failed exams: \$50.00; fee for re-grading failing assignments: \$50.00; re-taking a module – full tuition (\$875.00); non-sufficient funds fee: \$25.00. In the event of out of state or academic only students there may be added fees for an approved Exam Proctor. Students shall be responsible for these fees.

I understand that once I begin an apprenticeship that the ATM Midwifery Training Program will provide copies of my module grades to my primary preceptor, as indicated by me on my Apprenticeship Notification form.

I understand and agree to the above Financial Agreement Contract. I understand that all program materials are copyrighted by ATM and are for my personal use only and are not to be re-sold, copied or transferred in any manner. Failure to comply with this policy can result in dismissal from the program. I understand that there are no refunds offered in association with the program except for the one listed below.

Refund Policy:

In the event a student desires a refund the ATM Office must be notified within 72 hours of **initial** application. A full refund will be offered at this time. Following the 72 hour period there are no refunds related to the program.

Signature of Student

Printed Name

Date

Claudine Crews, LM

Signature of Course Coordinator

Printed Name

Date