

ASSOCIATION OF
TEXAS MIDWIVES


Texas Law, Rule and Standard Continuing Education Exam Application

Name: _____
Address: _____
Phone number: _____ Email: _____
Current State of Practice: _____
Current CPM: ____ Yes ____ No Applying for Texas License: ____ Yes ____ No

I understand that this exam is the property of The Association of Texas Midwives; I will not copy or distribute the exam under any circumstances. To do so is punishable by law.

Applicant's Signature

Date

In order to take the Rules exam you must first read and study the Texas Midwifery Rules/Laws and the Texas Midwifery Information Basic Information Manual. Please contact Yvonne Fienlieb at (512) 834-4523 or go online to <http://www.dshs.state.tx.us/midwife/default.shtm> to request a copy.

Once you have reviewed these items please send this completed application and a check or money order for \$40 to:

ATM Office
P.O. Box 52187
Midland, TX 79710

Upon receipt of the payment and processing of the application we will send you the exam. Upon completing the exam, return it to the above address. After successfully completing the exam you will be issued a certificate of completion with four contact hours of continuing education. A copy of this certificate may be presented to the Department of State Health Services Midwifery Program Director as proof that you have completed the required course.

Thank you,

Carla Harless
Office Manager

Office use only:

Date application mailed: _____ Returned: _____ Pd. _____ Exam sent: _____ Pass/Fail Certificate mailed _____