



*The*  
FLORIDA SCHOOL  
*of* TRADITIONAL MIDWIFERY

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810 East University Avenue PH: (352) 338-0766 www.MidwiferySchool.org  
Gainesville, FL 32601 FAX: (352) 338-2013 E-MAIL: info@midwiferyschool.org

***WELCOME! Instructions for completing the application***

- ❖ A non-refundable fee of \$75.00 is required with submission of an application. Please make check payable to The Florida School of Traditional Midwifery.
- ❖ We request that applicants attend an Aspiring Student Meeting. Dates & Time are posted on FSTM web site.
- ❖ Tuition is \$279.00 per credit hour. The student is also responsible for purchase of books and supplies. Please consider your financial plan for completing midwifery school. We will discuss this with you at your interview.
- ❖ Upon Acceptance at FSTM; an enrollment fee of \$200.00 is due at the time of completing the Enrollment Contract.

**Program Prerequisites:**

- ❖ Be eighteen years of age
- ❖ Hold a high school diploma, or its equivalent
- ❖ Have taken and received a passing grade in a college level Math course worth 3 credits and a college level English course worth 3 credits, OR demonstrate competencies in communication and computation by passing the College Level Equivalent Proficiency (CLEP) test in communication and computation, OR have passed the College Level Academic Scholastic Test (CLAST).
- ❖ Doula Training within the last two years OR current full certification as a Doula.
- ❖ Childbirth Education Training within the last two years OR current full certification as a Childbirth Educator. FSTM

**Applicants may apply prior to completion of prerequisites. In this case, an attached addendum to your application should be included stating a plan for registration and completion of the prerequisites. All prerequisites must be completed prior to enrollment, if accepted into the program. Enrollment starts August 2 and will end on August 20th, 2010.**

1. Please complete and return application and essay to the school. .
2. Please forward to the school a notarized copy of your high school diploma, your official college transcripts and copies of any current certifications. Applicant must provide documentation of official name changes with the application if applicant has had a name change that appears different from official transcripts, certifications, diplomas.
3. Advanced Standing Requests: Requests for Advanced Standing must be made at the time of submitting the application. Please see page 6 & 7 of the application packet for instructions and Advanced Standing Request Form.
4. Submit three (3) letters of recommendation (Form included in this packet) completed by persons not related to you. At least two should be from teachers or past/present supervisors of the applicant.
5. Complete an essay on one of the following:
  - ❖ What personal qualities do you have that will make you a good midwife?
  - ❖ What is your vision for the integration of midwifery into mainstream maternity care?
  - ❖ The political implications of direct-entry midwifery.

The essay should be between 500 and 800 words, type written, double-spaced and must be returned with this application. *Essays of inappropriate length will not be accepted.*

**FSTM APPLICATION FOR ADMISSION**

**I. GENERAL INFORMATION (Please Print or Type)**

Date \_\_\_\_\_

Have you attended an *Aspiring Student Meeting*? \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Area code and phone number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Occupation \_\_\_\_\_

Are you a United States Citizen \_\_\_\_\_?

Is English your second language?  No  yes

Other languages fluently spoken or read \_\_\_\_\_

I am applying for the:

- Three year Direct Entry Midwifery Program
- Licensure by Endorsement Program

List all licenses or certifications you have including license numbers:

Include copies with application.

\_\_\_\_\_  
-  
\_\_\_\_\_

Do you have any previous midwifery experience?  No  Yes

If yes, please describe

\_\_\_\_\_  
-

Do you have any possible sites for your clinical experience?

No  Yes if yes, please describe

\_\_\_\_\_  
-

Would you be commuting to Gainesville for classes?  no  yes

Have you ever been convicted of a felony?  no  yes

How did you find out about The Florida School of Traditional Midwifery? \_\_\_\_\_

\_\_\_\_\_

Why did you choose The Florida School of Traditional Midwifery? \_\_\_\_\_

\_\_\_\_\_

**FSTM APPLICATION FOR ADMISSION**

**II. REFERENCES**

**Provide the name, address and phone number of three people, not related, who you have asked to send letters of references directly to the school. At least two should be from teachers, or past/present supervisors of the applicant.**

*Letter of Recommendation forms are included in this application packet.*

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Area code and phone number ( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Area code and phone number ( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Area code and phone number ( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_

**FSTM APPLICATION FOR ADMISSION**

**III. EDUCATIONAL BACKGROUND**

Include the **full name & address information** for academic and vocational schools attended beginning with high school.

| School Name and Address |  | Major Course of Study | Degree or Certification | Completion Date | If no degree, why? |
|-------------------------|--|-----------------------|-------------------------|-----------------|--------------------|
| High School             |  |                       |                         |                 |                    |
| College                 |  |                       |                         |                 |                    |
| Vocational or Business  |  |                       |                         |                 |                    |

**IV. EMPLOYMENT BACKGROUND**

Please list positions held within the last 5 years. Use the back if necessary.

| Employer Name, Address and Phone | Position Title | Dates Position Held | Reason for Leaving |
|----------------------------------|----------------|---------------------|--------------------|
|                                  |                |                     |                    |
|                                  |                |                     |                    |
|                                  |                |                     |                    |
|                                  |                |                     |                    |

**FSTM APPLICATION FOR ADMISSION**

**V. ADDITIONAL INFORMATION**

1. Summarize briefly other life experiences that you feel have contributed to making you a strong candidate for the midwifery profession?

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2. What are your goals for midwifery practice after completing your education at The Florida School of Traditional Midwifery?

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3. Is there anything else that you would like to share about yourself?

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**I request admittance as a student to The Florida School of Traditional Midwifery. All of the information provided in this application for admission is true and accurate. I verify that I will be 18 years of age or older at the time of admission.**

**I understand that furnishing false information is grounds for my dismissal from The Florida School of Traditional Midwifery.**

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

*The Florida School of Traditional Midwifery, Inc. does not discriminate on the basis of race, religion, sex, disability, national origin or sexual orientation.*

## **FSTM APPLICATION FOR ADMISSION**

### **VI. ADVANCED STANDING REQUEST INSTRUCTIONS**

Students requesting Advanced Standing for academic courses at FSTM must provide sufficient verifiable evidence to support their request. All requests must be made *prior* to starting the program. Requests for Advanced Standing will be evaluated by the Academic Director and /or an Independent Evaluator. Any expenses for the evaluation(s) will be the responsibility of the student. ***No requests may be made after enrolling in the program.***

We suggest that applicants review the entire curriculum for the program the applicant is applying for.

- An official sealed transcript from the school of origin.
- Certificate Training: please provide a ***notarized photo copy*** of the Certificate of Completion.
- The student must provide documentation of official name changes to the FSTM administrative office if the student has had a name change.
- The fee, per credit is \$15.00 and will be assessed upon **acceptance** into the program.
- Advanced Standing fees are non-refundable.
- The student will be notified of the advanced standing evaluation by the Academic Director.

#### **Required Documentation:**

Applicants will be required to submit a sealed official transcript showing completion of any course material for which they are requesting Advanced Standing. In addition, you may be notified that the following supporting documentation is required:

- 1. College catalog from the year in which the student was enrolled in the course.**  
Clearly indicate which pages in the catalog are relevant. If you did not keep a college catalog, they are usually available on microfiche at the college library. In this case, provide a copy of the front cover of the catalog, the table of contents and the course description.
- 2. Syllabus from the course**
- 3. Website address where the college catalog and syllabi are available.**
- 4. Other supporting documents may include, but are not limited to:**  
A letter from the instructor of the course describing the course content: notes, assignments or exams from the course.

- I am requesting Advanced Standing (If requesting Advanced Standing please move on to page 7).
- I am not requesting Advanced Standing.

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Signature

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Date

### **VII. ADVANCED STANDING REQUEST FORM**

