

BAYSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
APPLICATION FORM

GENERAL INSTRUCTIONS

Closing Date: **April 1.** (Please contact Program Director barbara.graves@bhs.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
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.
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 June 1.

Applicants must be concurrently accepted into the Midwifery Institute of Philadelphia University if they do not already have a Master's degree in nursing or a health-related field (see signature page).

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.

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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: _____

	NAME & LOCATION OF SCHOOL	DATES ATTENDED	MAJOR	DIPLOMAN/DEGREE CERTIFICATE/YEAR
1				
2				
3				
4				

Honors, awards, or other recognitions: _____

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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: _____

DATES START/END	EMPLOYER / ADDRESS	TITLE / POSITION	HOURS PER WEEK	BRIEF JOB DESCRIPTION

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.

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REFER TO CV: _____

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 these **preadmission** requirements:

REQUIREMENT	HOW MET	WHEN MET
1. Electronic Fetal Monitoring Course		
2. Labor Support Experience		
3. Common Health Care Procedures - vital signs, catheterization, venipuncture		
4. Childbirth Education		
5. Observation on Labor and Delivery		

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

___ I do not currently have a Master's degree and I give my permission to copy my application to the Midwifery Institute of Philadelphia University.

___ I have a master's degree in nursing or another health-related field and do not wish to complete a second Master's degree.

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 one year certificate program in Midwifery/Nurse-Midwifery. 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.

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

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

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 one year certificate program in Midwifery/Nurse-Midwifery. 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.
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Leadership Skills						

Are there any additional comments or information you would like us to know about this person?

Signature: _____ Position: _____

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