

MTC School of Midwifery

512.537.5848 fax 512.233.0090

Application for Admission

Applications are due four weeks prior to the start date you are applying for. Incomplete applications will not be accepted. MTC School of Midwifery will consider later applications if space is still available.

- Email your completed application to:

info@mitcmidwifery.com

or you may fax your application to (512) 233-0090

- We will send you a link to pay your \$150.00 non-refundable application fee, or you can call our office at 537-5848 to arrange payment.
- Once you have sent in your application, you should receive an acknowledgment of receipt by email. If you do not receive an email within ten days of sending in your application, please call 512-55-9662 to confirm receipt.

Application Checklist

- Your completed application
- A current resume
- A recent photo of yourself
- A legible color photocopy of your driver's license
- \$150.00 non-refundable application fee
- Essay answers
- Copies of your training/certification/licensure: PROOF OF HIGH SCHOOL GRADUATION, course completion transcripts, certificates of licensure, graduation diplomas, etc.

Application for Admission

Section 1: Personal and Demographic Data			
Full legal name:		Date: _	
Maiden name:	Other names used:		
Address:			
City:		State:	Zip:
E-mail address:			
Phone:	Date of birth:	Country of Birth:	Citizenship:
Class start date:	<input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> September <input type="checkbox"/> 2023 <input type="checkbox"/> 2024		

Section 2: Verification of Eligibility	
Have you ever been arrested for or convicted of a misdemeanor or felony:	Date:
Has there ever been a complaint filed with Child Protective Services against you:	
Have you ever had a professional license suspended or revoked:	
Have you ever been expelled/dismissed from an educational program:	

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Section 3: Background Information

1. Complete the following, as applicable. Include transcripts for all completed coursework:

High school	Home school	GED	Year graduated:
SAT: Year	Composite Score:	ACT: Year	Composite Score:
HESI: Year	Composite Score:	TEASV: Year	Composite Score:
College (If no degree, attach an additional sheet to list completed classes, college name and phone number):			
Years Attended:	Credits:	GPA:	
Degree:	Year completed:	Name of Institution:	

2. Do you have training/certification/licensure in any of the following? For each item checked, show the year you graduated or received certification. Include copies of any certifications or certificates with your documents.

Doula	Birth Assistant	CNA	Lactation Consultant
LVN/RN	Sonographer	Medical Assistant	EMT/Paramedic
Phlebotomist	Childbirth Educator	Other	

3. Have you taken courses, received training, or done volunteer work not included in the above answer? If yes, briefly describe:

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Section 4: Essay Questions

For the following questions, please write a paragraph or short essay explaining your answers to each question. Limit each answer to approximately 500 words. Attach and submit your essays to your application.

5. Why do you want to be a midwife? *Including why you want to attend births outside of the hospital setting.*
6. What unique skills or experiences do you have that will help you succeed at being a midwifery student?

Section 5: Letters of Recommendation Information

Fill in your name, phone number, and enrollment deadline on the "Letter of Recommendation" form and give the form to those individuals that you are requesting provide you with a recommendation. In the space below, provide the following information for each person.

At least one letter of recommendation must be from a person who has supervised you in a work or school environment. If possible, one recommendation should be from a midwife or other healthcare professional. Please do not ask family members or partners to provide letters of recommendation.

Letters of recommendation must be sent to the MTC School of Midwifery office by the persons listed below. Letters of recommendation mailed with an application will not be accepted. We will accept faxed or emailed letters only from the referrers phone number or email address.

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|---|--------|--------|
| 1. Three ^{Two} required.
Name: | Phone: | Email: |
| 2. Name: | Phone: | Email: |
| 3. Name: | Phone: | Email: |