

# MTC School of Midwifery

Austin / Cedar Park / Leander



512.537.5848



512.233.0090

## ***Application for Admission***

Applications are due four weeks prior to the start date you are applying for. We will consider late applications if space is still available for that term.

- Completed applications may be submitted to:
  - [info@mtcmidwifery.com](mailto:info@mtcmidwifery.com) or
  - fax to 512.233.0090
- Once you have submitted an application, you will receive an acknowledgement of receipt within 7 days. If you do not receive an acknowledgement of receipt by that time, contact the school at 512.537.5848.
- Once your application is reviewed, an invoice for the \$150 nonrefundable application fee will be emailed to the to the email you have listed on your application.
- After receipt of payment, we will schedule your Admission Interview.

### Anticipated Start Date

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Winter - January | <input type="checkbox"/> 2025 |
| <input type="checkbox"/> Spring - April   | <input type="checkbox"/> 2026 |
| <input type="checkbox"/> Summer - July    | <input type="checkbox"/> 2027 |
| <input type="checkbox"/> Fall - September | <input type="checkbox"/> 2028 |

### Application Checklist (incomplete applications will not be accepted):

- Completed application form
- Current resume - no longer than one page in length
- Recent photo
- High School Diploma or
- College Transcripts (if applicable)
- SAT / HESI / ACT / TEAS Scores (if applicable)
- Certifications / Licenses applicable to a Midwifery Student (CMA, Doula, CAN, EMS, etc.)

### Section 1: Personal and Demographic Data

Applicant's Legal Name – Last, First, Middle

Maiden / Other Names Used

Date of Birth

Address

City

State

Zip

Phone

Email

Country of Birth

Citizenship

### Section 2: Verification of Eligibility

Have you ever been arrested for, or convicted of, a misdemeanor or felony?

Has there ever been a complaint filed against you with a Child Protective Agency?

Have you ever had a professional license suspended or revoked?

Have you ever been expelled/dismissed from an educational program?

### Section 3: Background Information

Complete the following, as applicable. Include transcripts and certifications in your application

- High School     Home School     GED  
Name of School: \_\_\_\_\_ Mo/Yr Graduated \_\_\_\_\_
  
- Trade School  
Name of School: \_\_\_\_\_ Mo/Yr Graduated \_\_\_\_\_
  
- College  
Name of School: \_\_\_\_\_ Mo/Yr Graduated \_\_\_\_\_  
Degree \_\_\_\_\_ Years Attended \_\_\_\_\_ GPA \_\_\_\_\_
  
- Standardized Testing:
  - SAT    Year \_\_\_\_\_    Score \_\_\_\_\_
  - ACT    Year \_\_\_\_\_    Score \_\_\_\_\_
  - HESI    Year \_\_\_\_\_    Score \_\_\_\_\_
  - TEAS    Year \_\_\_\_\_    Score \_\_\_\_\_
  - Other    Year \_\_\_\_\_    Score \_\_\_\_\_

Do you have any training / licenses/ certifications in any of the following?

- |                          |                 |                |                   |
|--------------------------|-----------------|----------------|-------------------|
| <input type="checkbox"/> | Birth Assistant | Year Completed | # Births Attended |
| <input type="checkbox"/> | Doula           | Year Completed | # Births Attended |
| <input type="checkbox"/> | CNA             | Year Completed |                   |
| <input type="checkbox"/> | CMA             | Year Completed |                   |
| <input type="checkbox"/> | EMS             | Year Completed |                   |
| <input type="checkbox"/> | Phlebotomy      | Year Completed |                   |
| <input type="checkbox"/> | LVN/RN          | Year Completed |                   |
| <input type="checkbox"/> | IBCLC           | Year Completed |                   |
| <input type="checkbox"/> | Sonography      | Year Completed |                   |

Have you completed any training, taken any courses, or done any volunteer work (not included above) in the field of maternity? Explain:

#### Section 4: Letters of Recommendation Information

- |   |       |        |        |
|---|-------|--------|--------|
| 1 | Name: | Phone: | email: |
| 2 | Name: | Phone: | email: |
| 3 | Name: | Phone: | email: |

#### Section 5: Allergies

Do you have any allergies to the following?

- Latex
- Peanuts
- Dogs
- Cats

### Section 6: Essay Questions

Write a paragraph of 300 - 500 words for the following – Why do you want to be an out-of-hospital midwife?