



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MIDWIFE APPLICATION INSTRUCTIONS

1. **NAME** – Provide your legal name in the following order, separated by commas: (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., III. (Mr. is not a suffix). List any other names you use, if applicable.
2. **GENDER** – Select whether you are male or female.
3. **SOCIAL SECURITY NUMBER** – Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014.
4. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
5. **FAX NUMBER** – Provide your mail fax number, if applicable.
6. **EMAIL ADDRESS** – Provide your email address only if you agree to the following statements: "By providing my email address, I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law."
7. **DRIVER'S LICENSE AND STATE ISSUED** – Provide your driver license number and the state it was issued by. (OPTIONAL)
8. **DATE OF BIRTH** – Provide your birthdate.
9. **PLACE OF BIRTH** – Provide the city and state where you were born.
10. **PREFERRED LANGUAGE** – Provide the language in which you prefer to communicate.
11. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you physical mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
12. **HOME PHYSICAL ADDRESS** – This is the physical location of your residence. Do not use a post office box for this address.
13. **CRIMINAL HISTORY** – Indicate whether you have ever been convicted of, or placed on deferred adjudication for, any, misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/LIC002.pdf.

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a complete Request Form, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.
14. **DISCIPLINARY ACTION HISTORY** – Indicate whether you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf).
15. **STATEMENT OF APPLICANT** – Carefully read the statement before dating and signing your application.

Attach the following documents to this application.

- Proof of:
 - (A) satisfactory completion of:
 - a mandatory basic midwifery education course approved by the department and
 - the North American Registry of Midwives (NARM) exam or any other comprehensive exam approved by the department; or
 - (B) Certified Professional Midwife (CPM) certification by NARM; or
 - (C) satisfactory completion of:
 - a basic midwifery education course accredited by the Midwifery Education Accreditation Council (MEAC), and
 - the North American Registry of Midwives (NARM) exam, or any other comprehensive exam approved by the department.
- Proof of current cardiopulmonary resuscitation (CPR) certification (copy of card)
 - for health care providers by the American Heart Association; or
 - equivalent certification for the professional rescuer from the Red Cross; or
 - equivalent certification for healthcare and professional rescuer from the National Safety Council; or
 - equivalent certification issued by any provider of CPR certification for health care providers currently accepted by the Department of State Health Service's Office of EMS/Trauma Systems Coordination;
- Proof of current certification for neonatal resuscitation (NNR), §§1 - 4, from the American Academy of Pediatrics (copy of card);
- Proof of passing the jurisprudence examination taken no more than one year prior to the date of application (copy of certificate). A link to the Jurisprudence Exam is available on the TDLR website at: <https://www.tdlr.texas.gov/midwives/mwvexam.htm>
- Proof of satisfactory completion of a continuing education course covering the current Texas Midwifery Basic Information and Instructors Manual (copy of certificate, or letter from approved midwifery education course). The Manual is available to download at no charge on the TDLR website. Any midwifery association that grants continuing education credit may offer a course on the Manual.
- Proof of satisfactory completion of training in the collection of newborn screening specimens or an established relationship with another qualified and appropriately credentialed health care provider who has agreed to collect newborn screening specimens on behalf of the applicant (Form MW0004 or MW0003)

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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MIDWIFE APPLICATION

**APPLICATION FEE: \$ 275
(FEE IS NON-REFUNDABLE)**

1. Name:

Last, First, Middle Name, Suffix (Jr., Sr., III)

Other Names Used (if applicable)

2. Gender:

☐ M ☐ F

3. Social Security Number:

See Instruction Sheet for Disclosure Information

4. Phone Number:

(Area Code) Phone Number

5. Fax Number:

(Area Code) Phone Number

6. Email Address:

(ex: johndoe@gmail.com) See Instructions sheet for Disclosure Information

7. Driver's License and State Issued: (Optional)

8. Date of Birth:

Month/Day/Year

9. Place of Birth:

City, State

10. Preferred Language

11. Mailing Address:

P.O. Box, Number, Street Name/Apartment Number

City, State, Zip Code

12. Home Physical Address (PO box cannot be used for this address):

Number, Street Name/Apartment Number

City, State, Zip Code

13. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

☐ Yes ☐ No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

14. Have you ever had an occupational license, certification, or registration suspended, revoked or denied in any state?

☐ Yes ☐ No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

(This does **not** include your driver license)

15. STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature

Date