



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

**MIDWIFE TRAINING CERTIFICATION FORM
NEWBORN SCREENING SPECIMEN COLLECTION**

I _____, certify that

_____ has been trained in the blood sample collection
Name of Midwife (please print)

technique for newborn screening at the following facility:

Name of Facility

Mailing address (P.O. Box, Number, Street Name)

City, State, Zip Code

(Area Code) Phone Number

This training has been done in accordance with the Newborn Screening Procedure of the Newborn Screening Program, Texas Department of State Health Services. It is understood that this training is required for all midwives who elect to do the newborn screening test themselves, required by the Texas Midwifery Act, Texas Occupations Code, Chapter 203. A licensed physician, R.N., or other person who instructs a midwife, on the orders of a licensed physician, in the approved technique of specimen collections, is immune from liability arising out the failure or refusal of the midwife to collect and submit the specimens in an approved or timely manner, as long as the midwife is licensed.

Signature of Medically Responsible Authority

Date

Signature of Midwife

Date