



Texas Department of Licensing and Regulation
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**MIDWIFE TRAINING CERTIFICATION FORM
 NEWBORN SCREENING SPECIMEN COLLECTION**

DO NOT WRITE ABOVE THIS LINE

I _____, certify that
 Name of M.D., R.N., or Medically Responsible Authority (please print)

_____ 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 (Number, Street)

 City State Zip 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