



**TEXAS DEPARTMENT OF LICENSING AND REGULATION**  
P.O. Box 12057 - Austin, Texas 78711-2157  
800-803-9202 - (512) 463-6599 - FAX (512) 463-1512  
education@tdlr.texas.gov

## **BASIC MIDWIFERY EDUCATION COURSE APPROVAL APPLICATION INSTRUCTIONS**

- The application must be completed and signed by the applicant
- All information provided must be printed or typed.
- Your application will not be considered complete and will not be processed until we have received all required items.

1. **Course Name-** Enter the name of the course.
2. **Course Supervisor/Administrator-** Enter the name of the course supervisor/administrator. The course supervisor/administrator is responsible for all aspects of the course. They must have two years of experience in the independent practice of midwifery, nurse-midwifery or obstetrics and have been the primary care giver for at least 75 births including provision of prenatal, intrapartum, and postpartum care.
3. **Address and Contact Information-** Enter the course supervisor/administrator's name and contact information. This person will be the point of contact for questions regarding the course material.
4. **Course Owner Name** – Enter the name of the course owner.
5. **Course Owner Address and Contact Person-** Enter the name of the course owner and if an organization or company, provide the contact person. The contact person will be the point of contact for any questions.
6. **Site Address-** Enter the address of the site where the course will be held. This site address is required for the on-site evaluation, if approved.
7. **Qualifications-** Circle and complete this section for the course supervisor/administrator.
8. **Didactic and Preceptorship Teaching Sites-** Identify all didactic and preceptorship teaching sites.
9. **Name and Qualifications of Didactic Curriculum Instructors-** List names and qualifications of all didactic curriculum instructors and their certification/license numbers. These instructors must have training and credentials for the course material that will be taught and are approved by the course supervisor/administrator. Credentials may be requested during the site visit.

**10. List All Approved Preceptors-** List all names of approved preceptors. These must be either a licensed midwife, certified professional midwife (CPM), certified nurse midwife (CNM) or a licensed physician practicing obstetrics.

Additional Information:

- Student files shall be maintained for a minimum of five years. Files shall include evidence that the entrance requirements have been met; documentation demonstrating completion of didactic and clinical course work; and copies of any financial agreements between the student and the school.
- The objective of the site visit will be to ascertain that your course is maintaining the records required by the Rules and complying with established policies. Being prepared for the site visit helps to ensure that your course is approved for the three years.
- It is your responsibility to report any change(s) in the course or content in writing prior to offering the course. Examples of changes to be reported could consist of: supervisor/administrator; didactic instructors; preceptors; location of course; address or phone number change for the course owner/supervisor; course outline; written policies, and teaching plan.

**EDUCATION COURSE APPLICATION FEE \$150**  
(FEE IS NON-REFUNDABLE)

Submit to:  
Texas Department of Licensing and Regulation  
PO Box 12057  
Austin TX 78711-2157

# Basic Midwifery Education Course Checklist

The following documents must be submitted with the application.

\_\_\_ Course Outline:

Course outline should describe the sequence of the didactic and clinical preparation the students will follow. Include an estimated time line for the completion of the course.

\_\_\_ Course Curriculum with specific content references to:

- MANA Core Competencies
- NARM Written Text Specifications
- NARM Skills Assessment Test Specifications
- Texas Midwifery Basic Information and Instructor Manual
- Protocol Writing, Adaptation and Revision

The course curriculum should reference the above course content. A student examining the course curriculum should be able to tell at what point in the course she/he will receive training in a particular skill.

\_\_\_ Identification of Didactic and Preceptorship Teaching Sites

\_\_\_ Financial statement or balance sheet (within the last year) for the course supervisor/administrator or course owner, along with disclosure of any bankruptcy within the last five years.

\_\_\_ Written Policies, to include:

- Tuition schedule, including other charges
- Cancellation and refund policy
- Student attendance, progress, and grievance policies
- Rules of operation and conduct of school personnel
- Requirements for state licensure
- Disclosure of approval status of course
- Maintenance of student files
- Reasonable Access for non-English speakers
- Compliance with Federal and State laws on accessibility.



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12057 - Austin, Texas 78711-2157
800-803-9202 - (512) 463-6599 - FAX (512) 463-1512
education@tdlr.texas.gov

APPLICATION FOR:

BASIC MIDWIFERY EDUCATION
COURSE APPROVAL

DO NOT WRITE ABOVE THIS LINE

EDUCATION COURSE APPLICATION FEE \$150
(FEE IS NON-REFUNDABLE)

1. Course name:

2. Course Supervisor/Administrator:
(Individual)

3. Address/
Contact
Information

Address

City, State, Zip Code

Supervisor/Administrator

Phone Number

Email Address

4. Course Owner Name:

5. Address/
Contact Person

Address

City, State, Zip Code

Contact Person (Responsible Party)

Phone Number

Email Address

6. Site Address
(For course site visit)

Address

City, State, Zip Code

7. Qualifications (Circle and Complete)

Table with 4 columns: Qualification, Yes, No, License/Certification #. Rows include Licensed Midwife in Texas, Certified Professional Midwife (CPM), American College of Nurse Midwives Certified (ACNM), and Licensed physician in Texas actively engaged in the practice of obstetrics?

\*\*\*\*ATTACH ADDITIONAL PAGE(S) IF NECESSARY\*\*\*\*

8. List all Didactic and Preceptorship teaching sites.

Horizontal lines for listing teaching sites.

9. List Names and Qualifications of all Didactic curriculum instructors. (MD, CNM, CPM, CBE, etc)

Table with 2 columns: Name, Certification/License #

10. List names of all approved Preceptors.

All Preceptors must be either a licensed Midwife, CPM, CNM or a license physician in Texas practicing obstetrics.

Table with 2 columns: Name, Certificate/License #

STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Midwives Act; Texas Occupation Code, Chapter 203 and Chapter 51; and the Midwives Administrative Rules; Texas Administrative Code, Chapter 115. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Printed Name Signature Date