



### MIDWIFE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name,)(Other Names Used if it applicable)
2. GENDER – Select whether you are male or female.
3. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(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.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
4. PHONE NUMBER – Write 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 - Write your mail fax number.
6. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
7. DRIVER LICENSE NUMBER – Give your driver license number and the state it was issued.(OPTIONAL)
8. DATE OF BIRTH – Write your birthdate.
9. PLACE OF BIRTH: Give the city and state.
10. PREFERRED LANGUAGE: choose English or Spanish.
11. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you 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. PHYSICAL ADDRESS – This is the physical location of your residence. Do not use a post office box for this address.
13. CRIMINAL HISTORY – Indicate if 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](http://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 Criminal History Evaluation Letter, 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](http://www.tdlr.texas.gov/crimHistoryEval.htm).
14. DISCIPLINARY ACTION HISTORY – Indicate if 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 Action Questionnaire.pdf).
15. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

## Attach the following documents to this application.

- Proof of required education/exam
  - (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;
  - (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
  - equivalent certification for the professional rescuer from the Red Cross
  - 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: XXXXXX?
- 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>.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: [cust.assist@tgslc.org](mailto:cust.assist@tgslc.org).**



**Texas Department of Licensing and Regulation**  
 PO Box 12057 • Austin, Texas 78711-2157  
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
 www.tdlr.texas.gov • cs.midwives@tdlr.texas.gov

**MIDWIFE APPLICATION**

<b>DO NOT WRITE ABOVE THIS LINE</b>					
<b>APPLICATION FEE: \$ 275 (FEE IS NON-REFUNDABLE)</b>					
1. Name: _____					
Last		First		Middle Name	Other Names Used (if applicable)
2. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	3. Social Security Number: _____	4. Phone Number: (     )     _____	5. Fax Number: (     )     _____		
See Instruction Sheet for Disclosure Information		Area Code	Number	Area Code	Number
6. Email Address: _____				7. Driver's License and State Issued: (Optional) _____	
(Ex: johndoe@aol.com) See Instructions sheet for Disclosure)		See Instruction Sheet for Disclosure Information			
8. Date of Birth: ____/____/____	9. Place of Birth: ____, _____			10. Preferred Language _____	
Month    Day    Year	City, State				
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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If YES, complete and submit a Criminal History questionnaire (CHQ) for each offense.</b> <b><u>See instructions sheet for more information</u></b>					
14. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.</b> (This does <b>not</b> include your driver license)					
<b>15. STATEMENT OF APPLICANT</b>					
The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license, or the revocation of my license.					
_____ Signature				_____ Date	