



FLORIDA SCHOOL OF
TRADITIONAL
MIDWIFERY
Cypress Grove

APPLICATION FOR ADMISSION 3-Year Direct-Entry Midwifery Program

GENERAL INFORMATION

Date	
Name (first, middle, last)	
Goes By	
Address	
City	
State	
Zip	
Email	
Phone Number	
Social Security Number	
Date of Birth	
Race*	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
Ethnicity*	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino If YES, check one: <input type="checkbox"/> Central or South American <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic-other <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican
Sex*	<input type="checkbox"/> Female <input type="checkbox"/> Male
Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please list country of citizenship: If NO and you currently hold a visa, indicate type of visa:
Is English your second language?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES: Fluency Level: <input type="checkbox"/> Read / Write <input type="checkbox"/> Spoken

**Race, ethnicity and gender requested for reporting purposes only. These questions will not affect your admission*



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Languages other than
English fluently spoken or
read?

Per Florida Statute: <http://www.flsenate.gov/Laws/Statutes/2012/Chapter467>

Have you ever been convicted of a felony?

☐ No

☐ Yes

If you answered yes, please describe below:

List all licenses or certifications you currently or formerly hold:

College Information:

List in reverse chronological order all colleges or universities at which you have officially registered.

College Name

City, State

Dates Attended

From mo/yr To mo/yr

High School Information:

Name: _____

Address: _____

Month / Year of Graduation: _____



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REFERENCES

Provide the name, address and phone number of three people, not related, who you have asked to send letters of references directly to the school.

Letter of Recommendation forms are online via our website

Reference # 1	
Name	
Contact Information <i>Address, telephone #, email</i>	
Relationship to Applicant	
Reference # 2	
Name	
Contact Information <i>Address, telephone #, email</i>	
Relationship to Applicant	
Reference # 3	
Name	
Contact Information <i>Address, telephone #, email</i>	
Relationship to Applicant	



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PLEASE TELL US ABOUT YOURSELF

What is your understanding of the difference between a direct-entry midwife and a CNM? Why have you chosen to pursue direct-entry midwifery instead of the CNM path?

Describe any healthcare, maternity, or perinatal experience you have had.

Why is now the right time in your life to pursue midwifery education?



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Midwifery is a profession that requires a great deal of sacrifice. What do you think you may have to sacrifice while in midwifery school?

It's just as important to set healthy boundaries for yourself. What are you NOT willing to sacrifice for midwifery?

What else would you like the admission committee to know about you?



REQUEST for ADMITTANCE

- I request consideration for admittance as a student to The Florida School of Traditional Midwifery Cypress Grove. All of the information provided in this application for admission is true and accurate. I verify that I will be 18 years of age or older at the time of admission.
- I am aware of the practice of Direct-Entry Midwifery. I also feel that I have a complete understanding of the practice of Direct Entry Midwifery in the State of Florida as a Florida Licensed Midwife (LM) and as a nationally Certified Professional Midwife (CPM).
- I understand that furnishing false information is grounds for my dismissal from The Florida School of Traditional Midwifery.

Signature: (Electronic signature is acceptable)	
Date:	

REQUIRED DOCUMENTATION:

\$100 Application Fee

Official transcripts from all postsecondary institutions

Official or notarized copy of high school diploma or transcript

Three (3) letters of recommendation

Resume or Curriculum vita

NON-DISCRIMINATION STATEMENT:

The Florida School of Traditional Midwifery, Inc. does not discriminate on the basis of race, religion, sex, gender identity, disability, national origin or sexual orientation.

www.midwiferyschool.org