

**BEAUTIFUL BEGINNING MIDWIFE TRAINING CENTER**

**MIDWIFERY TRAINING PROGRAM**

6611 River Place Blvd. Ste 107 Austin TX 78730

512.636.3661 fax 512.727.0627

**INSTRUCTIONS TO COMPLETE THE ADMISSION APPLICATION**

Use this application if you are applying for any Beautiful Beginning Midwife Training Center program.

Beautiful Beginning Midwife Training Center has a rolling admissions policy and will consider later applications when space is still available.

- Please include your \$50.00 non-refundable application fee in check or money order form payable to Beautiful Beginning Birth.
- Send your completed application to:

Beautiful Beginning Midwife Training Center  
6611 River Place Blvd. Ste 107  
Austin, TX 78730  
512-636-3661

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***Admission Application***

Please read instructions carefully prior to filling out this application. Incomplete applications will not be accepted.

<b>Section 1: Personal and Demographic Data</b>			
Full legal name: _____		Date: _____	
Maiden name: _____	Other names used: _____		
Address: _____			
City: _____		State: _____	Zip: _____
E-mail address: _____			
Phone: Cell: _____	Home: _____	Date of birth: _____	Age: _____
Country of Birth: _____	Citizenship: _____	Class start date: <input type="checkbox"/> February <input type="checkbox"/> April <input type="checkbox"/> June <input type="checkbox"/> August <input type="checkbox"/> October <input type="checkbox"/> December	

<b>Section 2: Verification of Eligibility</b>	
Have you ever been arrested for or convicted of a misdemeanor or felony: _____	Date: _____
Has there ever been a complaint filed with Child Protective Services against you: _____	
Have you ever had a professional license suspended or revoked: _____	
Have you ever been terminated from an educational program: _____	

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**Section 3: Background Information**

1. Complete the following, as applicable. Include transcripts for all completed coursework:

- High school     Home school     GED    Year graduated: \_\_\_\_\_
- SAT: Year \_\_\_\_\_ Composite Score: \_\_\_\_\_     ACT: Year \_\_\_\_\_ Composite Score: \_\_\_\_\_
- HESI: Year \_\_\_\_\_ Composite Score: \_\_\_\_\_     TEASV: Year \_\_\_\_\_ Composite Score: \_\_\_\_\_
- College (If no degree, attach an additional sheet to list completed classes, college name and phone number):  
Years Attended: \_\_\_\_\_ Credits: \_\_\_\_\_ GPA: \_\_\_\_\_
- Degree: \_\_\_\_\_ Year completed: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

2. Do you have training/certification/licensure in any of the following? For each item checked, show the year you graduated or received certification. Include copies of any certifications or certificates with your documents.

- Doula \_\_\_\_\_     Birth Assistant \_\_\_\_\_     CNA \_\_\_\_\_     Lactation Consultant \_\_\_\_\_
- LVN/RN \_\_\_\_\_     Sonographer \_\_\_\_\_     Medical Assistant \_\_\_\_\_     EMT/Paramedic \_\_\_\_\_
- Phlebotomist \_\_\_\_\_     Childbirth Educator \_\_\_\_\_     Other \_\_\_\_\_

3. Have you taken courses, received training, or done volunteer work not included in the above answer? If yes, briefly describe:

\_\_\_\_\_

4. What is your past experience or employment, if any, related to midwifery?

\_\_\_\_\_

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**Section 4: Essay Questions**

For the following questions, please write a paragraph or short essay explaining your answers to each question. Limit each answer to approximately 500 words.

**1. Why I want to be a midwife**

In the space below, write a short essay explaining why you want to be a midwife, *including why you want to attend births outside of the hospital setting.*

**2. Describe the skills and experiences you will bring to BBMTC and how you will contribute to the class.**

In the space below, write a short essay outlining the your skills and experiences, *highlighting any unique skills or experiences that that you will help you succeed at BBMTC while enriching your and your classmates experiences here.*

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**Section 5: Letters of Recommendation Information**

Fill in your name, phone number, and enrollment deadline on the "Letter of Recommendation" form and give the form to those individuals that you are requesting provide you with a recommendation. In the space below, provide the following information for each person.

At least one letter of recommendation must be from a person who has supervised you in a work or school environment. If possible, one recommendation should be from a midwife or other healthcare professional. Please do not ask family members or partners to provide letters of recommendation.

Letters of recommendation must be mailed to the BBMTC office by the persons listed below. Letters of recommendation mailed with an application will not be accepted. We will accept faxed or emailed letters only from the referrers phone number or email address.

Three required.

1. Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

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**Section 6: Application Checklist**

Please include in this section:

- Your completed application for enrollment form
- A current resume
- A photo of the applicant
- A legible color photocopy of your driver's license. *You must have a car and driver's license in order to complete clinical training.*
- Your \$50.00 non-refundable application fee
- Essay answers, if they did not fit in the above section
- Copies of your training/certification/licensure: course completion transcripts, certificates of licensure, graduation diplomas, etc.