

# **INTERNATIONAL SCHOOL OF MIDWIFERY, INC.**

140 NE 119 Street Miami, Florida 33161  
(305) 754-2354 Fax (305) 754-2212

## **APPLICATION PROCESS THREE YEAR MIDWIFERY PROGRAM**

### Application Deadline

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For FALL 2014, July 31st is the application deadline. Applications will be reviewed and you will be notified by August 5th.

All applications turned in after July 31st will be put on a wait list, as class size is limited. The deadline for wait listed applications is August 11th.

After evaluating your written application, we will schedule a personal interview with you. This will be by telephone for out-of-state applicants.

### Prerequisites

Criteria for admission is based primarily on evidence of commitment to direct entry midwifery, in addition, applicants must meet the following requirements:

1. Hold a high school diploma or GED.
2. Demonstrate a proficiency in the English language.
3. Show evidence of completion of 1 college level Math and English course.

**TO APPLY:**

**Submit a completed application form with a non-refundable registration fee of \$100.00**

Fill out and send in the enclosed application form with:

1. A resume of all your work experience to date. Include volunteer work, and time home as a parent.
2. 2 passport pictures of yourself.
3. A copy of your Birth Certificate.
4. A copy of your Marriage License (if married).
5. A copy of your Divorce Decree (if divorced).
6. A copy of your High School Diploma.
7. Or a copy of your GED.
8. An official copy of all college transcripts. (if applicable)
9. Transcript of 3 hours College Math and 3 hours College English.
10. Nursing Credits. (If applicable)
11. A copy of nursing license. (if applicable)
12. At least 2 letters of reference from people not related to you, addressing your suitability for midwifery training.

Letters must contain the writer's name, address, and both day and evening phone numbers.

Letters must be mailed directly to International School of Midwifery from the writer. (Please do not enclose with-in application).

**Mail to:**

INTERNATIONAL SCHOOL OF MIDWIFERY, INC.  
140 NE 119 Street  
Miami, Florida 33161

**For Question Call or Fax:**

(305) 754-2354  
Fax (305) 754-2212

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## APPLICATION FOR ADMISSIONS

*Fill out completely. Print or type. Use back or other paper as needed.*

### Personal Data

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_

Sex: Male / Female Social Security Number \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Racial Designation (Optional): \_\_\_\_\_ Religion (Optional) \_\_\_\_\_

What is your primary language? \_\_\_\_\_

Do you speak another language besides English fluently? Yes / No Which one (s)? \_\_\_\_\_

\_\_\_\_\_

Have you had any illnesses in the past 5 years \_\_\_\_\_

Have you had any accidents in the past 5 years \_\_\_\_\_

Do you take a prescription drug daily?(if so, what) \_\_\_\_\_

Have you ever had an injury on the job? (if so date, place and nature?) \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

As an aid in determining the work you can best do, please state any known physical impediment, such as heart disease, high blood pressure, back or leg problems, you might have.

\_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_

## Educational Background

High School: Name \_\_\_\_\_ Year graduated \_\_\_\_\_

Address \_\_\_\_\_

GED \_\_\_\_\_ College Yes / No If yes, name of institution \_\_\_\_\_

Address \_\_\_\_\_

Number of Years or \_\_\_\_\_ Terms When \_\_\_\_\_ Degree(s) \_\_\_\_\_

Vocational or Other Special Training \_\_\_\_\_

\_\_\_\_\_

## References

Please provide the names, addresses and phone numbers of the people whom you have asked to send letters of recommendation.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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## Essay Questions

*Please attach separate sheets of paper to answer the following questions.*

1. Why do you think you would make a good midwife?
2. What are your goals after graduation?
3. Describe briefly your life experiences relating to pregnancy, birth, midwifery, and women's health care.
4. Describe your immediate family and your support system. Include children's ages and names if any.
5. If you plan to move from another state or country, will your family be moving with you?
6. If you are moving here, are you willing to find housing within a 20 minute drive from the center? Remember, Miami has extensive traffic at all times.
7. How will you support yourself while studying? Do you plan to be employed during the program? If yes, how many hours per week do you plan to work? Will you have flexible work hours for class, study, and to be on call for births?
8. Do you have realistic goals and the finances to meet them?  
(Miami cost of living can be expensive)
9. Do you have a car that runs well?
10. Do you have flexible hours to be on call for births? Is there anything in your schedule that you would not be able to change if needed?
11. If you have children, please list their names, sex, and age. Do you plan to home school any of them?
12. Are you comfortable carrying your cell phone on you at all times, having it on 24 hours a day, 7 days a week? (Please be honest, and explain why, if not)

## Applying For

I am applying for:

\_\_\_\_\_ The Midwifery Training Program (3 years, 6 semesters)

\_\_\_\_\_ The Midwifery Training Program for Nurses (2.5 years, 5 semesters)

## Signature and Date

All of the above information provided in this application for admission is true and accurate to the best of my knowledge. I understand that should I furnish any false information, this would be grounds for dismissal from the International School of Midwifery, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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