



BIRTHWISE MIDWIFERY SCHOOL

2017 Application for Admission to the MIDWIFERY ASSISTANT PROGRAM

Name: _____ Date of Application: _____

Address: _____ City: _____

State/Province: _____ Postcode: _____ Country: _____

Phone: _____ Email: _____

Date of Birth: _____ Social Security #: _____

Family Status: _____ Children (with ages): _____

Primary language: _____ Other language(s): _____

Permanent address if different from above: _____

How did you hear about Birthwise? _____

Name and location of mentor midwife if known: _____

IPEDS STATISTICS

The following information is requested by the Department of Education Integrated Postsecondary Education Data System (IPEDS) statistics for Birthwise and will not affect your application for admission. This information will not be used in a discriminatory manner.

Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Non-resident Alien | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino | |

EDUCATIONAL BACKGROUND

Please include high school, **all** colleges and universities attended (regardless of graduation), and any certificate courses or workshops. List awards or other achievements. **If homeschooled, provide documentation. * Official transcripts must either be sent directly to the school in a sealed envelope or emailed directly from the school on a secure server to studentaffairs@birthwisemidwifery.edu.**

<i>Name of School</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Major</i>	<i>Graduated?</i>

BIRTH BACKGROUND

Please briefly describe any birth-related experiences, including previous midwifery work, midwifery assisting, doula work, or personal birth experience.

<i>Type of Experience</i>	<i>Date(s) of Experience</i>	<i>Contact Person (if applicable)</i>

OCCUPATIONAL BACKGROUND

List your employment history from most recent to earliest. You may include significant volunteer positions.

<i>Employer</i>	<i>Dates Worked</i>	<i>Job Title</i>

ESSAY QUESTION

Please write an essay addressing the following prompt. If handwriting, please attach essay as a separate page.

1. Describe your introduction to, and interest in, midwifery assisting and birth. Why are you on this path? What is your personal philosophy of pregnancy and birth? Why do you feel called to this career and lifestyle? What do you imagine for yourself after school when you are a practicing birth worker? What do you want to do with your life as an MA?

SHORT ANSWER QUESTIONS

Please address the following prompts thoroughly and thoughtfully in short-answer paragraphs. If handwriting, attach additional pages as necessary.

1. Why do you want to assist with births outside of the conventional hospital setting?

2. What is the status of midwifery in your state? (Legal, alegal, illegal*, licensed?) *Note: Your preceptor must be legally allowed to practice in the state where she/he works.

3. What makes you excited when you imagine yourself as a midwifery assistant? What makes you apprehensive?

4. What are your strengths, and how will they help make you an excellent midwifery assistant?

5. What are your challenges, and how will they require you to grow on your path to becoming a midwifery assistant?

6. Why do you want to attend Birthwise Midwifery School in particular, as opposed to other programs?

7. Describe 1 or 2 key life experiences that have helped shape you into the person you are today:

8. Please describe any health or learning challenges that may impact your experience at Birthwise and how you have learned to overcome or compensate for these:

APPLICATION CHECKLIST

Your application will not be considered complete until all items on the checklist have been addressed and all necessary paperwork has been received by the school.

_____ I understand that this program is not eligible for federal student aid (FAFSA) at this time.

_____ Application Form

_____ Application Fee (\$30)

_____ Essay and Short Answer Questions

_____ Official High School Transcript or Equivalent

_____ Official College Transcript(s) (if you have attended college)

_____ 3 Letters of Reference with Accompanying Reference Forms

- One or more from a midwifery or birth related connection, if possible

- Name:

- One or more from a work-related or professional connection

- Name:

- One non-family personal reference.

- Name:



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Application Deadline: **March 15, 2017**

Mail To: Birthwise Midwifery School, 24 S. High St., Bridgton, ME 04009

Email To: studentaffairs@birthwisemidwifery.edu

****Pictures of applications and reference forms /letters of recommendation WILL NOT be accepted, but you may download a .pdf scanner application for your phone or mobile device and convert pictures to an acceptable .pdf format for submission****

If you have questions regarding the application process contact
Abby Luca, Student Affairs Coordinator at:
Studentaffairs@birthwisemidwifery.edu or (207) 647-5968 ext. 106