



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

BASIC MIDWIFERY EDUCATION COURSE SITE VISIT REQUEST INSTRUCTIONS

BASIC MIDWIFERY EDUCATION COURSE SITE VISIT FEE: \$500 (FEE IS NON-REFUNDABLE)

The purpose of the course site visit is to answer questions, observe and gather data to evaluate the course's performance and best practices. The goal is to facilitate a mutually beneficial experience by providing guidance and ensure understanding and compliance with all state laws and rules. Upon passing the course site visit, the Basic Midwifery Education Course status will change from provisional to approved. Multiple site visits may be necessary, and a site visit request and fee must be submitted for each site visit.

1. NAME OF COURSE – Enter the name of the Basic Midwifery Education Course.
2. COURSE PROVISIONAL APPROVAL NUMBER – Courses must have a current provisional approval to request a site visit.
3. PHYSICAL ADDRESS FOR SITE EVALUATION - Enter the address of the site where the course will be held. This site address is required for the on-site evaluation.
4. CONTACT INFORMATION – Provide the contact person's name, telephone number, and email address. Provide the email address only if the contact person agrees to the following statement: By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
5. PREFERRED DATES AND TIMES – Provide preferred dates and times for the site visit.

Send the completed form and fee to:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Once the request form is received, you will be contacted by a member of the Site Visit Team to set up a convenient time for your site visit. An on-site evaluation of the course will be scheduled. The evaluation will be conducted by one or more department staff members and a licensed midwife within the provisional year. The site visit will include the following:

1. an inspection of the course's facilities;
2. a review of its teaching plan, protocols, and teaching materials;
3. a review of didactic and preceptorship instruction;
4. interviews with staff and students; and
5. a review of student, staff and preceptor files, to include current certifications, coursework, protocols, and financial records.

The site visit fee is nonrefundable. The site visit written report shall recommend to the department approval or denial of the course. If additional site visits are necessary for approval, a new site visit fee must be submitted for each additional visit.

The department shall evaluate the application and all other pertinent information, including any complaints received and the site visit report.

NOTE: A Course Site Visit is required and must be passed for a Basic Midwifery Education Course status to change from provisional to approved. You may not request a course site visit if you have a pending enforcement action(s).

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [TDLR webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.



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BASIC MIDWIFERY EDUCATION COURSE INITIAL SITE VISIT REQUEST

1. NAME OF COURSE:

2. COURSE PROVISIONAL APPROVAL #:

3. PHYSICAL ADDRESS FOR SITE EVALUATION:

Number, Street Name, Suite Number/Building Number

City, State, Zip Code

4. CONTACT INFORMATION:

Contact Person's Name

CONTACT PERSON'S EMAIL ADDRESS:

Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

CONTACT PERSON'S PHONE NUMBER:

(Area Code) Phone Number

5. PREFERRED DATES AND TIMES:

DATES:

TIMES:

1. _____

2. _____

3. _____

4. _____
