



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

BASIC MIDWIFERY EDUCATION COURSE REAPPROVAL APPLICATION INSTRUCTIONS

SUBMIT THE \$500 COURSE SITE VISIT FEE WITH THIS APPLICATION. FEES ARE NON-REFUNDABLE.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. NOTE: If you have a Basic Midwifery Education Course approval and you are submitting a request for reapproval less than six months prior to expiration, submit the Basic Midwifery Course Initial Approval Application.

1. COURSE NAME – Enter the name of the Basic Midwifery Education Course.
2. NAME AND QUALIFICATIONS OF COURSE ADMINISTRATOR/SUPERVISOR – Provide the legal name of the course administrator/supervisor in the spaces provided (Last Name, First Name, Middle Name, Suffix). Examples of a suffix include Jr., Sr., and III (Mr. is not a suffix.).
3. EMAIL ADDRESS OF COURSE ADMINISTRATOR/SUPERVISOR – Provide the email address only if the course administrator/supervisor 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.
4. PHONE NUMBER OF COURSE ADMINISTRATOR/SUPERVISOR – Provide the telephone number, including the area code, of the course administrator/supervisor listed.
5. NAME OF COURSE OWNER – Provide the legal name of the course owner in the spaces provided (Last Name, First Name, Middle Name, Suffix). Examples of a suffix include Jr., Sr., and III (Mr. is not a suffix.). If the owner is an organization or company, list the name of the organization/company and provide the legal name of the contact person.
6. EMAIL ADDRESS OF COURSE OWNER – Provide the email address only if the course owner 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.
7. PHONE NUMBER OF COURSE OWNER – Provide the telephone number, including the area code, of the course owner listed.
8. 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, if approved.
9. PREFERRED DATES AND TIMES – Provide preferred dates and times for the site visit.
10. DIDACTIC AND PRECEPTORSHIP TEACHING SITES - Identify all didactic and preceptorship teaching sites.
11. NAME AND QUALIFICATIONS OF DIDACTIC CURRICULUM INSTRUCTORS - List the legal names (Last Name, First Name, Middle Name, Suffix) and qualifications of all didactic curriculum instructors and their certification/license numbers. These instructors must have training and credentials for the course material that will be taught and are approved by the course supervisor/administrator. Proof of credentials shall be kept in instructor files and will be reviewed during the site visit. Attach an additional page if more space is needed.
12. NAME AND QUALIFICATIONS OF APPROVED PRECEPTOR(S) - List the legal names (Last Name, First Name, Middle Name, Suffix) and qualifications of all preceptors and their certification/license numbers. Preceptors must be either a licensed midwife, certified nurse midwife (CNM) or a licensed physician practicing obstetrics. Proof of credentials shall be kept in preceptor files and will be reviewed during the site visit. Attach an additional page if more space is needed.
13. STATEMENT OF APPLICANT: Carefully read the statement before dating and signing the application.

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION:

1. Basic Midwifery Education Course Site Visit Request fee: \$500. Fee is non-refundable.
2. Course Outline describing the sequence of the didactic and clinical preparation the students will follow. Include an estimated timeline for the completion of the course.
3. Course curriculum with specific content references to:
 - a. MANA Core Competencies;
 - b. NARM Written Test Specifications;
 - c. NARM Skills Assessment Test Specifications;
 - d. Texas Midwifery Basic Information and Instructor Manual; and
 - e. protocol writing, adaptation and revision.
4. A financial statement or balance sheet (within the last year) for the course supervisor/administrator or course owner and disclosure of any bankruptcy within the last five years
5. Written policies to include:
 - a. tuition schedule, other charges, and cancellation and refund policy, including the right of any prospective student to cancel his/her enrollment agreement within 72 hours after signing the agreement and receive a full refund of any money paid;
 - b. student attendance, progress, and grievance policies;
 - c. rules of operation and conduct of school personnel;
 - d. requirements for state licensure, including the requirement to pass a background check;
 - e. disclosure of approval status of course;
 - f. maintenance of student files; and
 - g. reasonable access for non-English speakers and compliance with federal and state laws on accessibility.

If an application for reapproval meets all requirements, 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 before the current approval expires. 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 reapproval or denial of the course. If additional site visits are necessary for reapproval, a new site visit fee must be submitted for each additional visit.

Course approvals are given for a three-year period. Course supervisors/administrators shall reapply for approval at least six months prior to expiration by submitting a Basic Midwifery Education Course Reapproval Application along with a site visit fee. If this application is not received at least six months prior to expiration, the course administrator/supervisor must apply for a new approval by submitting the Basic Midwifery Education Course Initial Approval Application and initial approval fee.

Any substantive change(s) in the course or its content shall be submitted to the department within ten working days after change(s).

Send the completed form and fee to:

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

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 REAPPROVAL APPLICATION

SITE VISIT FEE: \$500.00

(FEE IS NON-REFUNDABLE)

This completed form must be accompanied by all required documents and the application fee.

1. COURSE NAME:

2. NAME AND QUALIFICATIONS OF COURSE ADMINISTRATOR/SUPERVISOR:

Last, First, Middle Name, Suffix (Jr., Sr., III)

Credential(s) and License Number(s)

3. EMAIL ADDRESS OF COURSE ADMINISTRATOR/SUPERVISOR:

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

4. PHONE NUMBER OF COURSE
ADMINISTRATOR/SUPERVISOR:

(Area Code) Phone Number

5. NAME OF COURSE OWNER:

Last, First, Middle Name, Suffix (Jr., Sr., III) or Name of Organization/Company and Legal Name of Contact Person

6. EMAIL ADDRESS OF COURSE OWNER:

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

7. PHONE NUMBER OF COURSE OWNER

(Area Code) Phone Number

8. PHYSICAL ADDRESS FOR SITE EVALUATION:

P.O. Box, Number, Street Name/Apartment Number, City, State, Zip Code

9. PREFERRED DATES AND TIMES:

DATES:

TIMES:

1. _____

2. _____

3. _____

4. _____

10. DIDACTIC AND PRECEPTORSHIP TEACHING SITES: (attach additional page as needed)

11. NAME AND QUALIFICATIONS OF DIDACTIC CURRICULUM INSTRUCTORS: (attach additional pages as needed)

LEGAL NAME

CREDENTIAL(S) AND LICENSE NUMBER(S)

12. NAME AND QUALIFICATIONS OF APPROVED PRECEPTORS: (attach additional pages as needed)

LEGAL NAME

CREDENTIAL(S) AND LICENSE NUMBER(S)

13.**STATEMENT OF APPLICANT**

I certify that I have read and will comply with all applicable provisions of the Department's enabling statute at Texas Occupations Code, Chapter 51; the Department's procedural rules at 16 Administrative Code, Chapter 60; the Midwives Act at Texas Occupation Code, Chapter 203; and the Midwives administrative rules at 16 Texas Administrative Code, Chapter 115. I understand that providing false information on this form may result in license sanctions and/or administrative penalties.

Signature of Applicant_____
Date Signed