



If REAPPLICATION, year you applied before _____ ☐ non-refundable \$35.00 application fee enclosed

Check the program to which you are applying as: ☐ FULL TIME ☐ PART TIME STUDENT

ADVANCED CERTIFICATE IN MIDWIFERY ☐ MASTER OF SCIENCE IN MIDWIFERY ☐

Entry type: Registered Nurse ☐ Non-nurse ☐

MASTER OF SCIENCE IN NURSING - NURSE MIDWIFERY ☐ (Refer to pages 14-15 of the Admissions Brochure)

PLEASE TYPE OR PRINT LEGIBLY Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

If you have educational records under a different name, give former name(s):

Home Phone: _____ Business Phone, if employed: _____

Mailing Address

Street: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____ Country (if not USA): _____

OPTIONAL QUESTIONS. Your cooperation in providing the following information is appreciated.

Status: ☐ U.S. Citizen ☐ Permanent Resident ☐ Other; specify visa category (F-1, H-1, etc.) _____

Length of Residence in New York State (Years) _____ Sex: ☐ Female ☐ Male

Place of Birth: _____ Date of Birth: _____
City/State/Country (if not USA) Month/Day/Year

If you wish to identify yourself as a member of an ethnic/racial group, please indicate:

☐ Black ☐ White ☐ Hispanic ☐ Native American ☐ Asian ☐ Other _____

EDUCATION: List in chronological order (starting with most recent) ALL undergraduate and graduate institutions attended, irrespective of how long ago you attended (Applicants educated abroad must submit an educational credentials evaluation.):

Institution	Location/State	Dates, attendance	# credits completed/ in progress/ projected	Overall GPA	Degree/Date

	Date taken/planned	Scores		
Graduate Record Exam (GRE)		Verbal:	Quant.:	Analytic:
Test of English as a Foreign Language (TOEFL) score, if required				

Were you ever required to leave high school or college or denied re-admission for any reason? ☐ Yes ☐ No

If YES, please attach a sheet with an explanation.

Except for minor traffic violations, were you ever convicted of any violation of the law? ☐ Yes ☐ No

If YES, please attach a sheet with an explanation.

EMPLOYMENT HISTORY (List most recent position first)

Date (from/to)	Employer	Location	Title	Hrs/wk (if PT)

List any nursing, women's health, maternal/child health, or other professional job(s) and/or life experiences relating to midwifery practice. Be specific (e.g., postpartum, nursery, labor & delivery, etc.). Include midwifery experience, if applicable; however, do not include student experience.

Organization	Location	Clinical area/Position	Responsibility	PT/FT/Dates

Indicate the names of your references. (Please refer to the Admissions Brochure for program requirements.)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Military experience Date of entry: _____ Date of discharge: _____ Branch of Service: _____

Highest rank: _____ Months of active duty: _____ Type of duty: _____

From what sources were you made aware of this college/program? (Number in rank order, if possible)

☐ College Bulletin ☐ College Transfer Counselor ☐ College Faculty Member ☐ Person in Field

☐ College Fair/Transfer Program ☐ Relative/Family Member ☐ Other (specify) _____

IF YOU ARE NOT A REGISTERED NURSE, list in the chart below the courses which you are using to meet prerequisites (Courses completed, in progress, or projected - Refer to page 14 of the 1998-99 Graduate Admissions Brochure).

APPLICANTS WHO DO NOT COMPLETE THIS SECTION WILL NOT BE CONSIDERED FOR ADMISSION

Requirements	College name	Dept. name	Course no.	Course name	Sem.	Quality crdts.	Grade pts.	Date of complet.. or anticipated

Calculate your grade point average on COMPLETED courses listed above.

Total Quality Points* _____ (divided by) Total Credits Earned = Cumulative GPA _____

* **Quality points** = Numerical grade value of grade (e.g. A=4) x the number of credits for that course. Courses (credits) taken on P/F basis should not be calculated into the total credits earned when determining the cumulative GPA

Have you completed a college level course in Statistics? ☐ YES ☐ NO

Have you ever attended another Nurse-Midwifery or Midwifery Education Program? ☐ YES ☐ NO

If YES, please give the name of the program and dates of attendance.

Program: _____ Date(s) attended: _____

The following questions should be answered on a separate sheet, in the order listed below. PLEASE REMEMBER TO WRITE YOUR NAME AND SOCIAL SECURITY NUMBER AT THE TOP OF EVERY ANSWER SHEET. The answer sheet(s) should be attached to this form and returned to the Office of Admissions with the Application Form. Failure to do so will delay the processing of your application.

- A. Why do you want to become a midwife?
- B. What is your understanding of the role of a certified midwife, including functions and responsibilities?
- C. What are your short- and long-term goals as a certified midwife?
- D. Give a brief description of your professional or life experience as it relates to women's health care and/or midwifery, including your responsibilities.
- E. Describe an interpersonal relationship in your professional career which you found stressful. Explain how you coped with the situation.
- F. What do you consider to be your personal and academic strengths and weaknesses?
- G. In a brief paragraph, include any information (personal or professional qualities and/or achievements) that may assist the Admissions Committee in making a decision on your application.

I understand that completion of this form does not constitute a completed application and that I must also submit a \$35.00 non-refundable application fee; official transcripts of all colleges attended; a separate sheet responding to questions A through G; standardized test scores; copy of my R.N. license, if required; and reference letters. I certify that the information given here is complete and correct to the best of my knowledge.

Signature of Applicant

Date

PLEASE RETURN TO:
SUNY Downstate, BOX 60, 450 CLARKSON AVE., BROOKLYN, NY 11203

Admission to the SUNY Health Science Center at Brooklyn is based on the qualifications of the applicant. The State University of New York Health Science Center does not discriminate on the basis of race, sex, color, creed, age, national origin, disability, sexual orientation, religion, marital status or status as a disabled veteran or veteran of the Vietnam era. Responses on this application to questions of race, sex, and date of birth are voluntary and are used for statistical purposes only. (8/98)

Committee Action:	Accept: Alternate: Reject:	Full time [] Full time []	Part time [] Part time []
Date: _____ Signature: _____			

This questionnaire is part of your application to the Midwifery Education program. Please return it to the Office of Admissions attached to the Supplemental Application Form.

1. If you are a Registered Nurse, please answer question 1a) and attach a photocopy of your current registration(s).
If you are not a Registered Nurse, please go on to question 2.

1a. List the states in which you are licensed to practice professional nursing:

2. Are you certified in Parent (Childbirth) Education? ☐ Yes ☐ No

3. Are you currently certified by AHA/AAP in neonatal resuscitation? ☐ Yes ☐ No

If YES, date of expiration: _____

4. List any other qualifying certificates you hold (e.g., EMT, Nurse Practitioner, etc.):

5. List any nursing, women's health, maternal/child health, or other professional job(s) and/or life experiences relating to midwifery practice. Be specific (e.g., postpartum, nursery, labor & delivery, etc.). Include midwifery experience, if applicable; however, do not include student experience.

Organization: _____

Location: _____

Clinical area/ Position: _____

Responsibilities: _____

PT/FT & Dates _____

The following questions should be answered on a separate sheet, in the order listed below. PLEASE REMEMBER TO WRITE YOUR NAME AND SOCIAL SECURITY NUMBER AT THE TOP OF EVERY ANSWER SHEET. The answer sheet(s) should be attached to this form and returned to the Office of Admissions with the Supplemental Application Form. Failure to do so will delay the processing of your application.

- A. Why do you want to become a midwife?
- B. What is your understanding of the role of a certified midwife, including functions and responsibilities?
- C. What are your short- and long-term goals as a certified midwife?
- D. Give a brief description of your professional or life experience as it relates to women's health care and/or midwifery, including your responsibilities.
- E. Describe an interpersonal relationship in your professional career which you found stressful.
Explain how you coped with the situation.
- F. What do you consider to be your strengths? Your weaknesses?
- G. In a brief paragraph, include any information (personal or professional qualities and/or achievements) that may assist the Admissions Committee in making a decision on your application.

This questionnaire is part of your application to the Midwifery Education program. Please return it to the Office of Admissions attached to the Supplemental Application Form.

For Certified Nurse Midwives (CNMs) Certified Midwives (CMs) applying to the SUNY Midwifery Education Program for a Master of Science in Midwifery (MS in Midwifery):

Substitute the following essays for those listed on page 6 of the CHRP graduate application.

I. Describe your professional midwifery experience since graduation from the midwifery education program. Include the following in your response:

A. description of setting(s) where you've worked

- 1) location, e.g. urban, rural
- 2) type of facility, e.g. hospital, comprehensive health clinic, health maintenance organization, birth center
- 3) was/were sites(s) designated health profession shortage areas?
- 4) other

B. description of populations served

- 1) ethnicity, immigrants
- 2) % uninsured vs 3rd party insurer, Medicaid, Medicare
- 3) other

C. description of scope of midwifery practice

- 1) antepartum care
- 2) intrapartum care
- 3) postpartum care
- 4) gynecology/family planning
- 5) newborn care
- 6) primary care of women & management of a variety of common health problems
- 7) other

D. contributions to the profession

- 1) participation in local &/or national committees
- 2) clinical &/or classroom teaching of midwifery or other students
- 3) professional presentations &/or publications
- 4) other

II. Discuss the reason(s) why you wish to pursue a Master of Science in Midwifery.