

Dear Prospective Student,

Seattle Midwifery School stands at the forefront of direct-entry midwifery education, and we are pleased that you have expressed an interest in our program. We are proud of our role in changing the face of women's health care in America and committed to continued leadership toward a day when the Midwives Model of Care™ is available to all women.

We are currently accepting applications for entry into the certificate program for fall quarter 2010. The deadline for priority consideration for this year is March 1, 2010, after which applicants will be considered on a space-available basis.

As you may know, we are currently in the process of merging with Bastyr University and with final approval from our accreditors, hope to be offering a degree for our program. However, we cannot accept applications for this program until we receive final approval. Seattle Midwifery School IS accepting applications to the certificate program. If/ when we are fully merged, these applications will be forwarded to the Bastyr admissions department. Applicants will all be notified of this final approval and our full merger with Bastyr University.

To apply, please submit the following:

- Application forms with all sections completed.
- A narrative essay.
- A current resume.
- Three letters of reference attached to the enclosed forms and mailed directly from the person providing the reference. Two of the three references must either be from a current or former supervisor or professor.
- Official transcripts mailed directly from all colleges or universities previously attended.
- All students whose first language is not English must submit official TOEFL and TSE scores.
- This year our application fee will be waived.

Once all of the above items have been received, the admissions committee will review your file. Qualified applicants will be invited to Seattle Midwifery School for interviews in April. Please keep us informed of any changes in your address, phone number or e-mail address.

If you have any additional questions or need further assistance, please do not hesitate to contact the admissions advisor for the midwifery program at 800.747.9433, extension 101 or at [stephanies@seattlemidwifery.org](mailto:stephanies@seattlemidwifery.org). Again, we appreciate your interest in the midwifery program and look forward to considering you for a place in the incoming class of 2010.

We look forward to receiving your application and to nurturing the midwife in you!

Sincerely,



Stephanie Saffholm  
Admissions Advisor, Midwifery Program



Have you ever been licensed as a health care provider?  Yes  No If yes, please describe on separate sheet.

Have you ever had a health care license revoked?  Yes  No If yes, please attach explanation on separate sheet.

Have you ever had any malpractice actions filed against you?  Yes  No If yes, please attach explanation on separate sheet.

Have you ever been convicted of a felony?  Yes  No If yes, please attach explanation on separate sheet.

Note: Students enrolled in the Midwifery Program will be subject to a comprehensive criminal history background check before entering the clinical portion of their program. Certain convictions may limit or block clinical participation.

List three persons, not friends or relatives, who will be sending letters of recommendation (professional colleagues, professors, advisors, employers)

Name \_\_\_\_\_ Occupation/Relationship \_\_\_\_\_

Name \_\_\_\_\_ Occupation/Relationship \_\_\_\_\_

Name \_\_\_\_\_ Occupation/Relationship \_\_\_\_\_

What are the different ways you heard about Seattle Midwifery School? **Check all that apply:**

Seattle Midwifery website  friend  health care provider  workshop/event  direct mail/flyer  newspaper insert

ad specify publication(s) \_\_\_\_\_  other website-please specify \_\_\_\_\_

other \_\_\_\_\_

Please list other programs/colleges/universities to which you are applying:

How do you plan to finance your education (*List amounts or percentages*)

Financial aid programs \_\_\_\_\_  Family \_\_\_\_\_  Savings \_\_\_\_\_  Work \_\_\_\_\_

Other (specify) \_\_\_\_\_

Do you plan to apply for financial aid?  Yes  No

My official transcripts and letters of recommendation (if required) are being forwarded directly to the Seattle Midwifery School office of admissions. I certify that the information in this application is complete and correct to the best of my knowledge. I have enclosed my non-refundable application fee. I am aware that deliberate falsification of any admissions information or documents is grounds for rejection or dismissal from Seattle Midwifery School.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Have you: (*Please check.*)

Completed and signed this application form?

Requested official transcripts be sent from institutions listed in your application?

Attached current resume?

Attached completed essay?

Listed names of those persons who will write recommendations for you? (*See above.*)

**Mail materials to:**

Seattle Midwifery School  
Admission Office  
4000 NE 41<sup>st</sup> Street, Building D, Suite 3  
Seattle, Washington 98105

Name \_\_\_\_\_

Address \_\_\_\_\_

In addition to the general application and the submission of official transcripts (those sent directly from the college or university), please complete the narrative essay information listed below and the prerequisite information which follows.

**Narrative Questions**

On a separate page(s), please address the following questions. Please type your responses and limit your essay to no more than five pages.

- 1. Please include a current resume.** Include any relevant experience in midwifery, pregnancy and birth, women's health care, other health or social services, community service or activism, education or work with women's groups or organizations. Include the length of each experience and your role.
- 2. Life Experience:** Your introduction should answer the question, "Why do you want to be a direct-entry midwife?" Summarize your life experience since high school including employment, travel and volunteer work.
- 3. Personal Qualities and Skills:** Describe what qualities and skills you believe are necessary for being a successful midwife. Please describe how your own personal qualities and skills will aid your success as a student at Seattle Midwifery School and as a future midwife. Cite specific life experiences that have contributed to the development of these qualities and skills.
- 4. Computer and Internet:** Describe how long and for what purposes (including online courses) you have used computers and conducted online research.
- 5. Clinical Training:** Where (city, state or province) do you plan to live while enrolled as a student at Seattle Midwifery School? Do you have connections with midwives or other women's health care providers who are willing to provide training for you? All applicants must be willing to relocate to complete their clinical work. Please comment how this may affect you.
- 6. Plans for Future Practice:** Do you have any relationships with health care providers or health service organizations that are potential partners for your future practice? Please describe what you intend to do with your midwifery education after graduation.

4000 NE 41<sup>st</sup> Street, Building D, Suite 3  
 Seattle, Washington 98105  
 Tel: (800) 747-9433  
 Fax: (206) 328-2840

PROGRAM PREREQUISITES

Please list the courses you have taken that you believe meet the prerequisites. (Failure to complete this portion will delay the processing of your application.)  
**If you have not completed all of the prerequisites, please indicate when and where you plan to take those courses.** Remember that prerequisite courses must be completed prior to matriculation.

- Related lecture/lab courses should be listed on the same line.
- Chemistry courses need to be at the level for health-science majors.

*Note: If you are conditionally accepted based upon completing all of the prerequisite courses, it is your responsibility to assure that a final, official transcript is sent to us before you begin classes.*

Please complete this section if you will have completed a bachelor's degree by the time you begin the midwifery program. \* *Include anticipated completion date if you are currently enrolled in that course.*

Prerequisite	Course Title & Number	Grade	Credit	College or University	Term/Yr.*
<b>Psychology</b> (3 quarter/ 2 semester credits)					
<b>Intro nutrition</b> (3 quarter/ 2 semester credits)					
<b>General biology w/lab</b> (4 quarter/ 3 semester credits)					
<b>General chemistry w/ lab</b> (4 quarter/ 3 semester credits)					
<b>Microbiology</b> (4 quarter/ 3 semester credits)					
<b>Anatomy &amp; physiology SERIES</b> (8 quarter/ 7 semester credits)					
<b>Intermediate algebra</b> (Competency)					
<b>Doula training</b>					
<b>Childbirth educator training</b>					

Please complete this section if you will NOT have completed a bachelor's degree by the time you begin the midwifery program. *\*Include anticipated completion date if you are currently enrolled in that course.*

Prerequisite	Course Title & Number	Grade	Credit	College or University	Term/Yr.*
<b>Basic Proficiency and Science Prerequisites:</b>					
<b>English literature or English composition</b> 9 quarter/ 6 semester credits					
<b>Speech/ public speaking</b> 3 quarter/ 2 semester credits					
<b>Psychology</b> 3 quarter/ 2 semester credits					
<b>Intro nutrition</b> 3 quarter/ 2 semester credits					
<b>General biology w/lab</b> 4 quarter/ 3 semester credits					
<b>General chemistry w/lab</b> 4 quarter/ 3 semester credits					
<b>Microbiology</b> 4 quarter/ 3 semester credits					
<b>Anatomy &amp; physiology SERIES</b> 8 quarter/ 7 semester credits					
<b>Intermediate algebra</b> (Competency)					
<b>Doula training</b>					
<b>Childbirth educator training</b>					
<b>General Education Requirements (waived if you have an AA Transfer Degree from a WA school):</b>					
<b>Natural science</b> 12 quarter/ 8 semester credits					
<b>Social science</b> 15 quarter/ 10 semester credits					
<b>Humanities</b> 15 quarter/ 10 semester credits					
<b>Electives to make total 90 quarter/ 60 semester credits:</b>					
<b>Additional courses/ electives</b>					
<b>Total Credits Completed:</b>				<b>Note: Total Transfer Credits Needed— 90 quarter/ 60 semester credits</b>	

## LETTER OF REFERENCE AND APPLICANT RATING INSTRUCTIONS

## TO THE APPLICANT

Please complete the top section of this page and give both pages (Letter of Reference and Applicant Rating Instructions and Letter of Reference and Applicant Rating Form) to each person you have asked to write a letter of reference for you. References should be returned directly to the admissions office. You might find it helpful to provide your referees with return envelopes, addressed to Seattle Midwifery School.

*I understand that this is a confidential letter of reference, solicited for the sole purpose of evaluating an application for admission to Seattle Midwifery School and its programs. I understand that this letter of reference will not be made available to me and will be destroyed should I be admitted and matriculate as a student at Seattle Midwifery School. I understand that the school will not forward letters or copies of letters to me, to the referee or to anyone outside Seattle Midwifery School.*

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Name of applicant (*please print*) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## TO THE REFEREE

Please complete this form and return it with any additional pages to the admissions office. Thank you for taking the time to provide a reference for this applicant. *Please note that delay of this letter will delay the processing of the application.*

Return to: Seattle Midwifery School  
Admission Office  
4000 NE 41<sup>st</sup> Street, Building D, Suite 3  
Seattle, Washington 98105

*This is a confidential letter of reference. Letters of reference will not be made available to the applicant and will be destroyed should the applicant be admitted and matriculate as a student at Seattle Midwifery School. Title IX of the Education Act of 1972 prohibits discrimination in admission on the basis of marital or parental status. We, therefore, request that, in order to prevent such discrimination, you not include such information in your letter of reference.*

LETTER OF REFERENCE AND APPLICANT RATING FORM

Applicant's Name: \_\_\_\_\_

Part I: Seattle Midwifery School offers a three-year program that leads to a certificate in midwifery. This program prepares the applicant to practice independently as a direct-entry midwife. **We ask that you address, in a separate letter, the following areas:** 1) How long and in what capacity you have known this applicant; 2) academic skills and performance of the applicant; and 3) personal attributes that would facilitate training and working in the health care field.

Part II. In the rating chart below, please evaluate the applicant in comparison with other students/employees you have known during your professional career.

	Excellent	Very Good	Average	Below Average	Can't Judge
Potential for significant future contribution to the field	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Compassion and caring attitude	_____	_____	_____	_____	_____
Knowledge of health field	_____	_____	_____	_____	_____
Work/study skills	_____	_____	_____	_____	_____
Seriousness of purpose	_____	_____	_____	_____	_____
Resourcefulness and initiative	_____	_____	_____	_____	_____
Critical thinking skills	_____	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____	_____
Tolerance of different values	_____	_____	_____	_____	_____
Self-direction	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____

I would rank this applicant in the top \_\_\_\_\_% of students/employees I have known.

Referee's signature \_\_\_\_\_ Date \_\_\_\_\_

Referee's name (*Please print*) \_\_\_\_\_ Current title/position \_\_\_\_\_

Institution or agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## LETTER OF REFERENCE AND APPLICANT RATING INSTRUCTIONS

## TO THE APPLICANT

Please complete the top section of this page and give both pages (Letter of Reference and Applicant Rating Instructions and Letter of Reference and Applicant Rating Form) to each person you have asked to write a letter of reference for you. References should be returned directly to the admissions office. You might find it helpful to provide your referees with return envelopes, addressed to Seattle Midwifery School.

*I understand that this is a confidential letter of reference, solicited for the sole purpose of evaluating an application for admission to Seattle Midwifery School and its programs. I understand that this letter of reference will not be made available to me and will be destroyed should I be admitted and matriculate as a student at Seattle Midwifery School. I understand that the school will not forward letters or copies of letters to me, to the referee or to anyone outside Seattle Midwifery School.*

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Name of applicant (*please print*) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## TO THE REFEREE

Please complete this form and return it with any additional pages to the admissions office. Thank you for taking the time to provide a reference for this applicant. *Please note that delay of this letter will delay the processing of the application.*

Return to: Seattle Midwifery School  
Admission Office  
4000 NE 41<sup>st</sup> Street, Building D, Suite 3  
Seattle, Washington 98105

*This is a confidential letter of reference. Letters of reference will not be made available to the applicant and will be destroyed should the applicant be admitted and matriculate as a student at Seattle Midwifery School. Title IX of the Education Act of 1972 prohibits discrimination in admission on the basis of marital or parental status. We, therefore, request that, in order to prevent such discrimination, you not include such information in your letter of reference.*

LETTER OF REFERENCE AND APPLICANT RATING FORM

Applicant's Name: \_\_\_\_\_

Part I: Seattle Midwifery School offers a three-year program that leads to a certificate in midwifery. This program prepares the applicant to practice independently as a direct-entry midwife. **We ask that you address, in a separate letter, the following areas:** 1) How long and in what capacity you have known this applicant; 2) academic skills and performance of the applicant; and 3) personal attributes that would facilitate training and working in the health care field.

Part II. In the rating chart below, please evaluate the applicant in comparison with other students/employees you have known during your professional career.

	Excellent	Very Good	Average	Below Average	Can't Judge
Potential for significant future contribution to the field	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Compassion and caring attitude	_____	_____	_____	_____	_____
Knowledge of health field	_____	_____	_____	_____	_____
Work/study skills	_____	_____	_____	_____	_____
Seriousness of purpose	_____	_____	_____	_____	_____
Resourcefulness and initiative	_____	_____	_____	_____	_____
Critical thinking skills	_____	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____	_____
Tolerance of different values	_____	_____	_____	_____	_____
Self-direction	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____

I would rank this applicant in the top \_\_\_\_\_% of students/employees I have known.

Referee's signature \_\_\_\_\_ Date \_\_\_\_\_

Referee's name (*Please print*) \_\_\_\_\_ Current title/position \_\_\_\_\_

Institution or agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## LETTER OF REFERENCE AND APPLICANT RATING INSTRUCTIONS

## TO THE APPLICANT

Please complete the top section of this page and give both pages (Letter of Reference and Applicant Rating Instructions and Letter of Reference and Applicant Rating Form) to each person you have asked to write a letter of reference for you. References should be returned directly to the admissions office. You might find it helpful to provide your referees with return envelopes, addressed to Seattle Midwifery School.

*I understand that this is a confidential letter of reference, solicited for the sole purpose of evaluating an application for admission to Seattle Midwifery School and its programs. I understand that this letter of reference will not be made available to me and will be destroyed should I be admitted and matriculate as a student at Seattle Midwifery School. I understand that the school will not forward letters or copies of letters to me, to the referee or to anyone outside Seattle Midwifery School.*

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Name of applicant (*please print*) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## TO THE REFEREE

Please complete this form and return it with any additional pages to the admissions office. Thank you for taking the time to provide a reference for this applicant. *Please note that delay of this letter will delay the processing of the application.*

Return to: Seattle Midwifery School  
Admission Office  
4000 NE 41<sup>st</sup> Street, Building D, Suite 3  
Seattle, Washington 98105

*This is a confidential letter of reference. Letters of reference will not be made available to the applicant and will be destroyed should the applicant be admitted and matriculate as a student at Seattle Midwifery School. Title IX of the Education Act of 1972 prohibits discrimination in admission on the basis of marital or parental status. We, therefore, request that, in order to prevent such discrimination, you not include such information in your letter of reference.*

LETTER OF REFERENCE AND APPLICANT RATING FORM

Applicant's Name: \_\_\_\_\_

Part I: Seattle Midwifery School offers a three-year program that leads to a certificate in midwifery. This program prepares the applicant to practice independently as a direct-entry midwife. **We ask that you address, in a separate letter, the following areas:** 1) How long and in what capacity you have known this applicant; 2) academic skills and performance of the applicant; and 3) personal attributes that would facilitate training and working in the health care field.

Part II. In the rating chart below, please evaluate the applicant in comparison with other students/employees you have known during your professional career.

	Excellent	Very Good	Average	Below Average	Can't Judge
Potential for significant future contribution to the field	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Compassion and caring attitude	_____	_____	_____	_____	_____
Knowledge of health field	_____	_____	_____	_____	_____
Work/study skills	_____	_____	_____	_____	_____
Seriousness of purpose	_____	_____	_____	_____	_____
Resourcefulness and initiative	_____	_____	_____	_____	_____
Critical thinking skills	_____	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____	_____
Tolerance of different values	_____	_____	_____	_____	_____
Self-direction	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____

I would rank this applicant in the top \_\_\_\_\_% of students/employees I have known.

Referee's signature \_\_\_\_\_ Date \_\_\_\_\_

Referee's name *(Please print)* \_\_\_\_\_ Current title/position \_\_\_\_\_

Institution or agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_