



Application for Admission

There is a \$300 Deposit due with Application. The fee breaks down as follows:

Application Fee: \$100 non-refundable

Deposit: \$200 refundable if not accepted

Name _____

Address _____

Phone _____

Email _____

Education: High school, college – (please include dates and major)

Do you have children? If so, How many?

Midwifery/Doula/CBE education (please detail dates, place and type of education including certifications, if applicable)

Midwifery/Doula/CBE experience (please include numbers, general dates, and a brief description of this experience. With this and the above question, we are looking to get a feel for where you are in your education and experience so that we can better serve you.)

Why do you want to be a midwife?

What goals do you wish to accomplish through attending SMMS?

What skills/gifts do you offer to the practice of midwifery?

In your own words, describe the Midwifery Model of Care. (1 page or less)
