



Budget ZZ102  
Fund 122

# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

## MIDWIFE APPLICATION FOR LICENSURE

(revised 12/13)

LICENSE # \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL MAIDEN NAME (IF APPLICABLE)

M F  
   
SEX

HOME ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE(\_\_\_\_\_) \_\_\_\_\_ WORK TELEPHONE(\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ PREFERRED LANGUAGE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE #(optional) \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF, OR RECEIVED DEFERRED ADJUDICATION FOR, A FELONY OR A MISDEMEANOR (OTHER THAN A MINOR TRAFFIC VIOLATION)? Yes  No

If your answer is "Yes", attach a copy of the indictment or information and a copy of the judgment. A conviction may not disqualify you, but a false statement may.

I, the undersigned, do solemnly swear (or affirm) that the information given by me on both sides of this application is true and correct to the best of my knowledge and belief; that under TAC 22 §831 that no grounds currently exist to warrant denial of this application; and I will timely report any changes to the information contained in this application, including my address and phone numbers.

\_\_\_\_\_  
Signature of Midwife Date

NOTE: Please send this completed form with fees and all other required documents to:

DSHS Midwifery Program MC-2003  
Professional Licensing and Certification Unit  
Texas Department of State Health Services  
P.O. Box 149347  
Austin, TX 78714

FOR OFFICIAL USE ONLY: <u>CHECKLIST</u>	<u>TYPE OF LICENSE</u>
_____ All Required Fees Paid	
_____ Education/Exam Requirements Met	
_____ Newborn Screening Plan <b>OR</b>	<b>Timely Renewal</b> <input type="checkbox"/>
_____ Newborn Screening Certification	(postmarked on or before March 1, 2014)
_____ CPR Certification Expiration Date	<b>Late Renewal</b> <input type="checkbox"/>
_____ Neonatal Resuscitation Expiration Date	(postmarked after March 1, 2014 and before March 1, 2015)
_____ Continuing Education Hours For Year _____	<b>Initial Application</b> <input type="checkbox"/>
_____ Jurisprudence Exam Date	
LICENSE EFFECTIVE DATE _____	LICENSE EXPIRATION DATE <u>2/29/2016</u>
SIGNATURE _____ <b>Midwifery Program Director</b>	

Completion of this form to the specifications of the DSHS Midwifery Program will attest to the fact that the midwife has fulfilled all the legal requirements for licensure, according to the Texas Midwifery Act, Texas Occupations Code Chapter 203.

## 22 Texas Administrative Code §831.20 Grounds for Denial of Application or Disciplinary Action

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The following are grounds for denial of application for licensure or license renewal and for disciplinary action.

(1) The Midwifery Board may deny an application for initial licensure or license renewal and may take disciplinary action against any person based upon proof of the following:

- (A) violation of the Act or rules adopted under the Act;
- (B) submission of false or misleading information to the Midwifery Board, the board, or the department;
- (C) conviction of a felony or a misdemeanor involving moral turpitude;
- (D) intemperate use of alcohol or drugs while engaged in the practice of midwifery;
- (E) unprofessional or dishonorable conduct that may reasonably be determined to deceive or defraud the public;
- (F) inability to practice midwifery with reasonable skill and safety because of illness, disability, or psychological impairment;
- (G) judgment by a court of competent jurisdiction that the individual is mentally impaired;
- (H) disciplinary action taken by another jurisdiction affecting the applicant's legal authority to practice midwifery;
- (I) submission of a birth or death certificate known by the individual to be false or fraudulent, or other noncompliance with Health and Safety Code, Chapter 191, or 25 Texas Administrative Code (TAC), Chapter 181 (relating to Vital Statistics);
- (J) noncompliance with Health and Safety Code, Chapter 244, or 25 TAC, Chapter 137 (relating to Birthing Centers);
- (K) failure to practice midwifery in a manner consistent with the public health and safety;
- (L) failure to submit midwifery records in connection with the investigation of a complaint; or
- (M) demonstrated lack of personal or professional character in the practice of midwifery.

(2) The Midwifery Board may refuse to renew the license of a person who fails to pay an administrative penalty imposed under Subchapter J of the Act, unless enforcement of the penalty is stayed or a court has ordered that the administrative penalty is not owed.

*The disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 relating to default on child support payments and the Health Insurance Portability and Accountability Act of 1993, Section 221 relating to the Healthcare Integrity and Protection Data Bank (HIPDB).*

PRIVACY NOTIFICATION With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See [www.dshs.state.tx.us](http://www.dshs.state.tx.us) for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)