



Hello!

Thank you for your interest in our Licensure by Endorsement Program. This program is designed for the experienced midwife who seeks Florida licensure through the endorsement pathway outlined in F.S. 467 (The Midwifery Practice Act).

The ideal candidate

- Holds a valid, unrestricted license to practice midwifery in another country or state;
- Has completed three credits of college level mathematics and college level English; and
- Has a midwifery education background that is substantially equivalent to what is required in Florida.

The Licensure by Endorsement Program requires approximately 4-12 months to complete and is comprised of didactic and clinical learning specific to midwifery practice in Florida. The curriculum covers Florida law and rule, its application to all facets of midwifery care, and the process for establishing and maintaining licensure in Florida.

This program has a clinical learning component requiring students to complete the following clinical experiences with a Florida-approved preceptor:

- 10 prenatal exams, and
- 10 births in an out-of-hospital setting.

Upon successful completion of the Licensure by Endorsement Program, students will be eligible to sit for the NARM, which is the examination used for Florida licensure, and to obtain licensure as a Florida Licensed Midwife.

To get started, follow these steps:

1. Have your credentials evaluated by International Credentialing Agency (form attached).
2. Complete your application (including letters of recommendation and application fee).
3. Have official transcripts sent to Florida School of Traditional Midwifery
810 E. University Avenue
Gainesville, Florida, 32601

If you have any questions, please contact Amanda Mann, Special Projects, at 863-632-2323 or email amann@midwiferyschool.org.

Thank you for your interest!

Amanda Mann
Special Projects
Florida School of Traditional Midwifery
863-632-2323

Licensure by Endorsement Information

The FSTM Licensure by Endorsement program is designed to enable midwives licensed in another state or country to be eligible for licensure as Florida Licensed Midwives. The intent of the program is to provide pre-licensure education to prepare highly qualified and currently licensed practitioners to practice within Florida. FSTM created this program pursuant to Florida Statute 467 and Florida Administrative Code 64B24.

Who can be admitted to the Licensure by Endorsement Program?

1. Foreign-Educated Midwives—Fully credentialed midwives who were educated in another country.
2. Out-of-State Midwives—Fully credentialed midwives who were educated in another state.

What are the prerequisites to the Licensure by Endorsement Program?

To apply for the Licensure by Endorsement program, applicants must:

- Be at least 21 years of age
- Be a fully credentialed midwife in another country or state (hold a current, valid, and unrestricted license to practice midwifery in another state or country)
- Complete an application
- Provide proof of High school diploma or equivalent
- Three (3) credits college level English
- Three (3) credits college level mathematics
- Obtained a transcript evaluation from an approved credentialing agency demonstrating “substantial equivalence” to Florida-approved midwifery education

What is “substantial equivalence”?

A substantially equivalent education means at minimum a 3-year, 90-credit midwifery program or its equivalent that covers the knowledge and skills education required by FS 467 and Rule 64B24. For more information, please see the law and rule that governs this requirement.

What is the curriculum of the Licensure by Endorsement Program?

The curriculum covers approximately 4 months of didactic education and includes the following coursework:

- Florida Law and Rule
- Midwifery Core
- Preparation for Practice
- Clinical Practicum
- Cultural Competency
- Clinical Lab



APPLICATION FOR ADMISSION

Licensure by Endorsement Midwifery Program

GENERAL INFORMATION

Date			
Name			
Address			
City			
State			
Zip			
Email			
Phone Number			
Social Security Number			
Date of Birth			
Are you a United States Citizen?	Yes	No	
Is English your second language?	No	Yes	
	If YES: Fluency Level Read / Write Spoken		
Languages other than English fluently spoken or read?			
Per Florida Statute: http://www.flsenate.gov/Laws/Statutes/2012/Chapter467 Have you ever been convicted of a felony? No Yes			
If you answered yes, please describe below:			
List all licenses or certifications you currently or formerly hold:			

REFERENCES

Provide the name, address and phone number of three people, not related, who you have asked to send letters of references directly to the school.

Letter of Recommendation forms are online via our website

Reference # 1	
Name	
Contact Information <i>Address, telephone #, email</i>	
Relationship to Applicant	
Reference # 2	
Name	
Contact Information <i>Address, telephone #, email</i>	
Relationship to Applicant	
Reference # 3	
Name	
Contact Information <i>Address, telephone #, email</i>	
Relationship to Applicant	

PLEASE TELL US ABOUT YOURSELF

How did you find out about The Florida School of Traditional Midwifery?

Why did you choose The Florida School of Traditional Midwifery?

Tell us about the type of practice you conducted in your practice and/or country of origin: How many years were you employed as a midwife/healthcare provider? How many births have you attended in your midwifery career? Please describe where you practiced? (i.e. Home birth, birth center, or hospital)

What are your goals for midwifery practice after completing the Licensure by Endorsement Program?

Is there anything else that you would like FSTM to know about you?

REQUEST for ADMITTANCE

- I request consideration for admittance as a Licensure by Endorsement student to The Florida School of Traditional Midwifery. All of the information provided in this application for admission is true and accurate. I verify that I will be 18 years of age or older at the time of admission.
- I am aware of the practice of Direct-Entry Midwifery. I also feel that I have a complete understanding of the practice of Direct Entry Midwifery in the State of Florida as a Florida Licensed Midwife (LM) and as a nationally Certified Professional Midwife (CPM).
- I understand that furnishing false information is grounds for my dismissal from The Florida School of Traditional Midwifery.

Signature: (Electronic signature is acceptable)	
Date:	

REQUIRED DOCUMENTATION:

\$75 Application Fee

Official transcripts from all postsecondary institutions

Official or notarized copy of high school diploma or transcript

Credentials evaluation from an independent evaluation agency

Three (3) letters of recommendation

Resume or Curriculum vita

The Florida School of Traditional Midwifery, Inc. does not discriminate on the basis of race, religion, sex, disability, national origin or sexual orientation

www.midwiferyschool.org



INTERNATIONAL
CREDENTIALING
ASSOCIATES, INC.

**ICA APPLICATION FOR EDUCATIONAL CREDENTIALS EVALUATION
MIDWIFERY PRE-LICENSURE PROGRAM ADMISSION**

10801 Starkey Road
Suite 104
Seminole, FL 33777
(727) 549-8555
Facsimile (727) 549-8554
www.icaworld.com

Note: This application must be completed only by the candidate, must be submitted in the original, with required supporting documents and one passport-sized photograph. The candidate's signature must be original, notarized, and include the date of signature. Please print or type clearly:

Applicant's Last Name (family or married name)		First	Middle	Maiden	
Applicant's Street Address			Apt/Suite Number		
City	State	Zip/Postal Code	E-mail: _____		
(Area Code) Telephone Day /Cell		(Area Code) Telephone Evening		Date of Birth	
Country of Birth		Country of Citizenship		Male _____	Female _____
Educational Background: List all educational institutions attended. Include secondary school, university/academy/polytechnic/hospital-based or professional schools. If you repeated a year, or left school for a period of time, please specify.					
Name of School Institution	Dates of Attendance From - To	Your Age Upon Admission	Major Field Of Study	Month, Day & Year Of Graduation	Diploma/Certificate (In original language & English)

CERTIFICATION

The candidate named in the application and whose photograph is attached:

- Attests and certifies all information and documentation provided is true and complete
- Certifies all instructions in the application have been read and understood and accepts terms and conditions
- Understands ICA evaluation reports are advisory only and not binding on any agency, licensing board, institution and/or organization
- Candidate authorizes ICA to verify all information and documentation submitted with this application

Attach Photo Here

(Passport size)

Approximately
1 3/4" by 1 3/8"

CANDIDATE'S PHOTOGRAPH

CANDIDATE'S SIGNATURE

Must be signed in the presence of a Notary Public

SUBSCRIBED AND SWORN TO BEFORE ME ON
THIS ____ DAY OF _____, 20 ____

Notary Public

My Commission Expires: _____

Address of Notary

number and street

City State/Province Country

Application for Educational Credentials Evaluation Midwifery Pre-Licensure Program Admission

Instructions and Information

This application is intended for use by candidates educated outside the United States applying for admission to pre-licensure midwifery programs, where the admitting institution has determined an evaluation of overseas credentials is required. Eligibility for admission to pre-licensure programs is determined by admitting institutional policy.

A-1: Organization

International Credentialing Associates Inc. (ICA) is an independent, professional, non-governmental organization which provides evaluation reports to individuals, institutions, governmental agencies, corporations, associations and immigration attorneys for individuals who have completed all, or part, of their education outside the United States. Evaluation reports are advisory. Transfer credit is indicated only for eligible post-secondary education obtained in overseas programs which have obtained formal recognition from the country's Ministry of Education.

A-2: General Information

Evaluation reports for midwifery pre-licensure program admission are prepared within three to four weeks following receipt of the following: (1) complete, signed and notarized application from the candidate; (2) all required supporting documents and evaluation fee; (3) transcript verification and course certification from the school or institution in the candidate's country of education; (4) registration/licensure verification from the registration body or Ministry of Health in the candidate's country of education which has authorized the candidate to practice the profession of midwifery or medicine without restriction.

A-3: Refunds

Once submitted, an application cannot be canceled. If required documents are not received, or the candidate discontinues the application process, no refund will be made.

A-4: Evaluation Report Fee

The cost of the evaluation report is \$150.00. Submit a money order or cashier's check payable to ICA. The midwifery pre-licensure evaluation is a course-by-course (detailed) evaluation conducted for purposes of determining program and course comparability between United States and non-United States education and training in midwifery.

A-5: Guarantee

Advisory educational credentials evaluations for midwifery pre-licensure admission are prepared by a qualified evaluator who is a licensed health care professional, holds a Master's Degree in Public Health and completed doctoral course work with specialization in Maternal and Child Health. ICA is a member of professional associations and conducts research into educational and health care regulatory systems overseas, and continues to update existing reference materials. ICA representatives and staff attend professional meetings and conferences in order to obtain current information on changing educational systems and to acquaint themselves with changes in State Licensing and Immigration requirements. Equivalency conclusions stated in advisory educational credentials evaluations reflect the judgement of ICA based on the best information available to professional evaluators in the United States at the time evaluations are conducted. ICA does not accept responsibility for judgements of the candidate, or third parties, which may disagree with the conclusions reached in the evaluation. ICA subscribes to the EDGE Database of the American Association of Collegiate Registrars and Admissions Officers (AACRAO), Washington, DC.

A-6: Suspect Documents

Submission of forged, altered, tampered and falsified documents, altered translations, and misrepresentation of identity will result in the following procedures: no evaluation report will be prepared, no refund will be made, notification will be sent to all licensing jurisdictions within the United States, all educational credentials evaluations agencies, federal authorities and educational and regulatory agencies in the candidate's country of education.

A-7: Documentation Required for Submission

All candidates for educational credentials evaluation are required to submit the following documents:

- (a) notarized or certified copy of the final secondary school diploma in the country's official language;
- (b) notarized or certified copy of the midwifery diploma, medical diploma, and all other certificates or diplomas in the overseas country's official language;
- (c) notarized or certified copy of the marriage license or other document signifying change of name;
- (d) notarized or certified copy of the registration certificate, license or authorization to practice midwifery, nursing or medicine in the country of education. This document copy must be provided in the country's official language; provide copies of all registrations and licenses;
- (e) notarized or certified English-language translations for all documents originally issued in a language other than English (includes documents issued in Latin). All translations must be official, typed on original letterhead and issued in the same format as the original document. We accept translations conducted by professional translation bureaus, university language departments, embassies, consulates, religious organizations or conducted under legal approval or authority of foreign Ministries. Translations must be literal and word-for-word;

A-8: Documentation Required directly from Academic Institutions - Primary Source Verification is Required:

- (a) The school must complete and return the ICA Transcript Request Form for Educational Institutions directly to this office with your official transcripts and a syllabus with course descriptions. The transcripts must clearly identify courses/subjects by title and by semester and academic year, final grades or examination results in each course and contact hours for each course including rotations, internships or residencies. The transcript must be provided in the country's official language (you are responsible for certified English translations);
- (b) With your official transcripts and course descriptions your school must provide the following documented information:

- ▶ the number of women for whom you provided prenatal care (in a supervised clinical setting)
- ▶ the number of women for whom you provided care in childbirth and the number of babies you delivered (in a clinically supervised intrapartum practicum)
- ▶ the number of women for whom you provided postpartum care (in a supervised clinical setting)
- ▶ the number of neonates for whom you provided care from birth to six weeks postpartum (in a clinically supervised practicum)
- ▶ the number of women for whom you provided care in a supervised well woman gynecology clinical setting (in a clinically supervised practicum)
- ▶ specific information on coursework in suturing including hours of theory and practice

**Application for Educational Credentials Evaluation
Midwifery Pre-Licensure Program Admission**

Instructions and Information

Note: If you have completed education in United States colleges or universities, please request official transcripts mailed directly to this office by the registrar;

Note: if you have passed challenge examinations (such as the College Level Examination Program [CLEP] please request that the Educational Testing Service [ETS] provide results directly to this office.

ICA's institution reporting number for CLEP is 7460.

A-9: Documentation Required directly from Registration & Licensing Boards - Primary Source Verification:

The Registration/Licensing Board in your country of education responsible for Midwifery must send us a copy of your registration certificate and a letter of good standing

NOTICE: DO NOT SUBMIT AN APPLICATION FOR EVALUATION TO THIS OFFICE UNLESS YOU ARE PREPARED TO PROVIDE ALL REQUIRED DOCUMENTS IN GOOD FAITH, AND FOLLOW THE PROCEDURES SPECIFIED IN THIS APPLICATION. IF YOU NEED ASSISTANCE OR ADDITIONAL INFORMATION REGARDING THE APPLICATION PROCESS OR YOUR DOCUMENTS, PLEASE CONTACT THIS OFFICE. THE SAME DOCUMENTATION IS REQUIRED FROM ALL CANDIDATES APPLYING FOR EVALUATION, IRRESPECTIVE OF COUNTRY OF EDUCATION. APPLICATION PROCEDURES ARE ADMINISTERED EQUALLY AND FAIRLY FOR ALL CANDIDATES, AND HAVE BEEN IMPLEMENTED TO PROTECT THE INTEREST OF PUBLIC HEALTH AND WELFARE.



Transcript Request Form for Educational Institutions

1. Name of Candidate: _____
2. Name of Educational Institution: _____
3. Institution Address: _____

4. Institution Phone Number: _____ Fax Number: _____
5. Program attended by Candidate or Major Field of Study: _____

6. Length of Program (List number of semesters): _____
7. Name of Degree/Diploma/Certificate Awarded: _____
8. Date of Award of Degree/Diploma/Certificate: _____
9. Has your Institution changed names within the past 5 years or is this a new program? Yes ☐ No ☐
10. Is the Candidate eligible for admission to an advanced University Program at the Master's or Doctoral level?
Yes ☐ No ☐

I certify the above-named candidate has ☐ has not ☐ completed all Educational and Clinical requirements in the program specified in question #5 above.

Signature

Print Name

Date

(Check One): ☐ Registrar ☐ Program Director ☐ College Dean

Seal of School/Institution

PLEASE SUBMIT ORIGINAL, OFFICIAL TRANSCRIPTS FOR THE PROGRAM OF STUDY ATTENDED BY THE CANDIDATE NAMED ABOVE AND SUBMIT DIRECTLY TO THIS OFFICE BY REGULAR AIR MAIL WITH THIS FORM, WITH COURSE DESCRIPTIONS AND A COMPLETE SYLLABUS.

Transcripts should include the candidate's full legal name upon admission, dates of attendance and the date of program completion. Please include a complete breakdown of courses for the entire program of study. Each course should be indicated by name (e.g., Biology, Anatomy, Kinesiology, Pathology, etc.), the final grade received for the course, and the theoretical and practical hours attended in each course. Courses should be listed in sequence, by semester and academic year. Please indicate whether the hours were attended by week, semester or year. Information on final grade and hours should also be provided for the candidate's clinical education (clinical internship/clinical affiliations).

Note: Professional licensure and university admission credentials evaluations must identify specific subject areas. Please provide complete information on the candidate's courses, grades and clock hours. Course descriptions and a syllabus will also assist us in assessing the candidate's education.