

Application for Approved Midwifery Program Update



Council of Licensed Midwifery

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: <http://www.floridahealth.gov/licensing-and-regulation/midwifery/>

Email: mqa.midwifery@flhealth.gov

Phone: (850) 245-4161

Fax: (850) 412-2681



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More information about the approval process and requirements is available at: <http://www.floridahealth.gov/licensing-and-regulation/midwifery/>.

Do not submit this application if the school is not provisionally or fully approved, or if there is an application for provisional or full approval for the school already in process.

Addition of Prelicensure Course (3204 – 3010)

Other Program / Curriculum Updates (3204 – 3020)

1. PROGRAM INFORMATION

Program Name: _____

Program Registration Number (if known): _____

If you selected “Addition of Prelicensure Course,” submit the following documentation:

A course catalog which includes admission requirements for prospective students of the prelicensure course, pursuant to Rule 64B24-4.008(2), Florida Administrative Code (F.A.C.). *This requirement may be met by a single course catalog submission, if both the course of study and prelicensure course are documented.*

Course descriptions for all courses within the prelicensure course, which demonstrate that the prelicensure course meets minimum education and clinical training standards.

A sample transcript for the prelicensure course which complies with Rule 64B24-4.008, F.A.C.

If you selected “Other Program / Curriculum Updates” submit any documentation relevant to the program update.

All documentation may be submitted with your application.

After submission of this application, the required documentation may be submitted by:

- uploading the form using the MQA Online Services Portal (www.flhealthsource.gov),
- emailing the form to MQA.Midwifery@flhealth.gov, or
- mailing the form to:

Council of Licensed Midwifery
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3255

2. APPLICANT SIGNATURE

I, the undersigned, state that I am a person authorized to submit this application on behalf of the program named herein for approval in the state of Florida.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the Department of Health.

Applicant Signature _____

Date _____

You may print this application and sign it or sign digitally.

MM/DD/YYYY