

EVALUATION TOOL – Four Month Pre-Licensure Course
Foreign-Trained Midwife Applicant for Licensure By Endorsement

Unit of Study - Classroom and Clinical : Aspects of Prenatal, Intrapartal, Postpartal & Neonatal Care [FS 467.009 (1)]	Credits	Hours	Evidence Found
Basic Nursing/ Healthcare Skills			
Basic Sciences			
Behavioral Sciences			
Female Reproductive Anatomy and Physiology			
Nutrition During Pregnancy and Lactation			
Childbirth Education			
Breast Feeding			
Community Care			
Epidemiology			
Genetics			
Embryology			
Neonatology/ Neonatal Pediatrics			
Obstetrics/ Common Complications			
Gynecology/ Women's Health			
Family Planning			
Applied pharmacology			
Medico/legal Aspects of Midwifery			
Professional Responsibilities			
Midwifery Knowledge, Skills and Professional Behavior in:			
Primary Management Antepartum Care			
Intrapartum Care			
Postpartum Care			
Neonatal Care			
Collaborative Management/ Referral/ Medical Consultation			
Other Courses:			
Practicum During Training [FS 467.009 (4)(5)]			Number Obtained
Primary Management of :			
50 Women in the Antepartum			#
50 Women in the Intrapartum			#
25 Observations of Women in the IP			#
50 Women in the Postpartum			#
50 Babies in the Neonatal Period			#
Length of Program [FS 467.009 (2)]			
Total Credits / Hours			
3 Years /90 credits/1800 clock hrs			
< 3 Years /90 credits/1800 clock hrs			

[Licensure by Endorsement	Yes/ No		
High School Diploma or Equivalent			
Communications Classes College Level Math (3 credits) & English (3 credits) OR CLAST Test OR CLEP Credit			
Certificate / Diploma of Midwifery (translated into English if applicable)			
License /Documentation of Eligibility to Practice in Country translated into English (translated into English if applicable) Current: yes/ no Unrestricted: yes/ no			
CPM Obtained Current: yes/ no			
Other Verifiable Sources			
Admissible to a Four Month Pre-licensure Course per Department of Health CLM			

APPLICANTS NAME: _____

MIDWIFERY SCHOOL: _____

COUNTRY: _____

EVALUATOR: _____

SIGNATURE: _____

DATE: _____ AGENCY: _____