

Giving Birth to Midwives

A Forum for Midwifery Educators

A Publication of the Association of Midwifery Educators

SPRING 2008

Vol: 4 Number 1

The Student Admissions Process

Current Practices for Direct-Entry Midwifery Programs

By Heidi Fillmore-Patrick, CPM

The topic of the latest in the series of AME surveys was the **student admissions process**. One of the over-all goals of employing a formal selection process is to enroll students who are most appropriate for your program and who will be successful in it. In other words, choosing students who will complete the program and become midwives. Particularly for those schools who are accredited, student success rates must be calculated and meet a minimum standard in order to maintain accreditation status. This is particularly important when schools are receiving Title IV Financial Aid; in this case the U.S. government takes an interest in whether students graduate, get jobs in the field they studied, and pay back their student loans. Besides the aforementioned regulatory motivations to develop an effective selection process, there are many others: preventing financial instability or unpredictability due to attrition, maintaining an educational standard, keeping student morale at a high level, being able to create a certain culture in the program, reducing the number of conflicts or grievances that must be dealt with, and reducing the number of academic issues.

The assumption, of course, is that we can predict who will be appropriate or successful in our programs, something I'm sure all of us question from time to time. Although most schools or programs that responded to this survey had formal selection processes, a few were very clear that anyone who felt a calling to midwifery should be given a chance to explore that within their educational programs, and that those students eventually make their own choice to exit the program if they are not successful. One could certainly argue successfully the choice to be highly selective on one hand, or to offer open enrollment on the other. The purpose of this data collection was to see what schools are doing regarding student admissions and what they have found through experience to be successful policy and procedure.

Eighteen programs responded to this survey: **45%** (8) from MEAC accredited institutions or programs, **28%** (5) from non-accredited programs, **5%** (1) from university-based direct entry programs, none were CNM programs, and **22%** (4) classified themselves as Other. Seventeen of the 18 programs stated their program was a comprehensive midwifery program providing all core-competencies for entry-level midwifery practice.

When asked about their admissions process, **81%** of respondents stated they had a selection process in place and the other **19%** had an open enrollment policy (all applicants are accepted). **44%** of respondents enrolled only one cohort of students each year, **28%** had 2 or more

specific entry dates each year, and **28%** had rolling admissions year round. Of those who had specific start dates, the most common cohort size was 13-20 students (**54%**), with **15%** typically enrolling 6-12 students and **31%** enrolling less than 5. When asked what percentage of total applicants ultimately enrolled in their programs, there was a wide range of answers. **6%** enrolled less than **25%** of applicants, **25%** enrolled 50-74% of applicants, **38%** enrolled 75-89% of applicants, and **31%** enrolled 90-99% of applicants.

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A Short Guide to the Academic Transcript

By Heidi Fillmore-Patrick, CPM

Whether called Registrar or not, every school has an administrative position that oversees the institution's records and responds to requests for data from outside institutions or individuals. The official form that student academic records take is called the transcript: a concise listing of the student's coursework at your institution, credits transferred from other institutions or from non-traditional education, their grades, credits earned, and degrees or certificates awarded. Transcripts record all courses successfully and unsuccessfully completed and all courses that were withdrawn after the registration deadline. The transcript is the standard way that educational institutions communicate with each other about a particular student or prospective student. Transcripts are official documents that are used in granting or applying credit from one institution towards a degree or certificate at another. They are also used by some employers as part of their application process, or are used by individuals to secure scholarships.

Designing an excellent transcript for your institution is more important than you may think, and is becoming more necessary as direct-entry midwifery more confidently takes its place among the other professions. Just as learning the language of allopathic medicine allows for better communication and collaboration within the maternity care system, a transcript can be the key to better communication and understanding among educators and policy makers. You will find that it is worth the effort to present an excellent "public face" to other institutions. Your students also benefit from a well-done transcript. Colleges and universities are more likely to award non-traditional credit to the transferring student if an institution's transcript looks professional and gives them the information that they need. It is also critical for the transcript to provide clear information about the student's past educational experiences when students transfer from one midwifery program to another.

Similar to medical records, transcripts are confidential documents that can be shared only with permission of the student. Each school should have a written transcript release policy that spells out clearly the turnaround time for requests, how requests can be received (phone, fax, email, in person, in writing), fees, where records will go if the institution closes, etc. Security measures should be taken to prevent transcript fraud such as using a colored paper stock with the title of the institution printed lightly in the background. Paper can be purchased that causes the background to disappear and the word "void" to appear when photocopied. If the transcript is sent or given directly to the student, "Issued to the student" should appear on every page. Official transcripts come directly from the institution in a sealed institutional envelope marked with "Official Transcript" and with the signature of the registrar and the seal of the institution on the document. Unofficial transcripts may be issued to the student when an official transcript is not necessary or, increasingly, can be obtained on-line by the student.

There are a few exceptions to the confidentiality rule for student academic records. Besides the student herself, personnel within the institution who have a legitimate educational interest, other institutions to which students are applying, financial aid organizations, accrediting agencies, those conducting studies for the institution also have legal access to records. Also, records can be accessed without the student's permission following a judicial order or subpoena, or in an emergency to protect the health or safety of students or others.

It is the responsibility of the school to maintain the security of their current and past students' records from unauthorized access, theft or physical damage from fire, flood, tornado. This requires schools to secure their records in locked cabinets and/or on computers requiring password access, with copies or electronic back-up stored in a separate location in case of fire in the school facility. All confidential paper records should be shredded before deposited in trash bins

The American Association of Collegiate Registrars and Admissions Officers (AACRAO) publishes a useful guide for transcript development called the "Academic Record and Transcript Guide". We ordered the 2003 edition a few years ago when we were looking to revise our academic transcripts and found it extremely helpful. This guide classifies possible student information as essential, recommended, optional or not recommended to be included on a transcript. I will summarize their recommendations here.

Essential Information to be included on an academic transcript:

- Name of Institution and past names of institution (within past 5 years)
- Location (City, State, Zip, Telephone, Website)
- Legal Name of Student
- Previous Colleges or Universities from which credit has been transferred
- Dates of terms, quarters or semesters
- Course Identification (Course number, title, honors course...)
- Amount of credit awarded
- Unit of credit (Quarter, semester)
- Grades (Number, letter or pass/fail)
- Narrative Evaluations if grades are not recorded in letter or number form
- Demonstrated competencies (nonclassroom experiences for which credit is awarded)
- Degree received
- Date conferred
- Major and Minor or Program
- Date of Issue
- Last Entry Notation (End of Transcript)

Recommended or Optional Information:

- Identification Number (SSN)
- Date of Birth (Month/day only)
- Previous Colleges or Universities attended from which credit was not transferred
- Withdrawal Date
- GPA
- Transfer credits accepted (courses, grades, credit per course)
- Academic suspension or Ineligibility to re-enroll
- Honors and distinctions
- Professional Certification requirements of part of degree/certificate requirements
- Title of Thesis or Dissertation
- Courses in Progress

Not Recommended:

- Address
- Gender
- Race and ethnicity
- Marital Status
- Citizenship
- National Test Scores
- Academic standing (Only academic statuses which interrupt a student's enrollment should be included)
- Disciplinary suspension or ineligibility to re-enroll

Every transcript must include a Key that includes the following information:

Recommended:

- Accreditation statement
- Calendar system of your institution
- Length or dates of enrollment terms
- Unit of credit (semester, quarter or specify other)
- Grading system (i.e. A= 93-100%, B=87-92%, etc.)
- Method of Grade Point Average calculation
- Institutional policy on recording all courses attempted
- Policy on withdrawals, transfer credits, incompletes, repeated courses, academic bankruptcy
- Course identification system indicating level
- Explanation of any unique or unusual policies or programs
- Method used to identify official transcripts
- A warning against alteration or forgery
- Policy regarding eligibility to re-enroll
- FERPA re-disclosure statement
- Date of last revision to the key

Optional:

- Codes or abbreviations used on transcript
- Graduation requirements
- Fax number for issuing office

Recording credits that were achieved outside a classroom prior to enrollment in your program can present a special challenge on a transcript. For example, some students enroll in our program having had significant previous birth experience as a midwifery apprentice or OB nurse and

consequently apply for advanced standing. Other examples of nontraditional education would be distance learning, experiential learning, independent study, credits by examination, or correspondence study. If credit is granted by the school, these experiences must be translated into credits and represented on the transcript. Since most of these educational methods do not conform to the traditional academic calendar, when recording these experiences on a transcript, start and finish dates should always be included. If appropriate, numbers of hours should be listed as well with a brief narrative describing the experience. If the credit is being transferred from another institution, an examination (CLEP), or from a student's life experience (past birth-related experiences), the source of that credit should also be clearly listed. It is not recommended that the mode of delivery of the education (distance, computer-based..) be noted on a transcript.

Looking at transcripts from a variety of institutions is helpful when developing your own. Most transcripts are printed on one sheet of colored paper with a school emblem or other identifier printed in the background lightly. The space on the page is used very efficiently but legibly and the KEY is usually found on the back side in small print. Notice how the transcript is formatted for ideas, and bits of information from the KEY can be adapted for your particular use. I found this process fun and very satisfying when the final product was printed.

Key Resource:

American Association of Collegiate Registrars and Admissions Officers (AACRAO), The AACRAO 2003 Academic Record and Transcript Guide, 2003. www.aacrao.org/publications

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AME's Peer Review Research Journal Project Gains Momentum

Last year AME received a \$5000 grant to investigate and launch an out-of-hospital midwifery peer review research journal. In response to this generous gift an initial group of AME board members convened a meeting of interested parties over lunch at the MANA conference in Clearwater, Florida last October. On March 14, 2008 a second meeting was held via phone conference and a preliminary advisory committee was identified. AME is pleased to announce that Suzy Myers, MPH, LM has accepted the position of project coordinator and over the next six months will be researching resources, building relationships and working in collaboration with the Advisory Committee and the AME board to move this vital project along. Welcome Suzy!

Student Admissions Process . . .

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Program Prerequisites

Age: 6 schools had no age requirement, 1 required students to be at least 16, 1 required a high school diploma, 2 required students to be over 18, and 1 had an age minimum of 21. One school with some academic prerequisites said students were usually at least 23.

Academic background: 2 schools had no academic requirements, 9 required a high school diploma or GED, 3 schools had General Education course requirements, 1 required enrollment in a ND program, and another required one year of college including specific required courses.

Experience: 11 schools had no experience prerequisites, 2 required doula training.

Other prerequisites listed were: Spanish proficiency, Anatomy and Physiology course, NRP, CPR, Vaccinations, health screen, financial plan for paying, childcare plan, family support plan, not smoking, a writing sample.

Components of the Application Process		
Component	Number(%) of schools that require	Stated Usefulness
Application Form	16 (100)	
Application Fee	15 (93.8)	
Transcripts	13 (81.3)	Very Useful
Letters of Reference	13 (81.3)	Very Useful
Standardized test scores	1 (6.3)	Somewhat Useful
Essay	14 (87.5)	Extremely Useful
Interview	13 (81.3)	Extremely Useful
Photo	5 (31.3)	
Attendance at information session	2 (12.6)	
Other very useful criteria that schools mentioned were:		
• Noting the completeness and timeliness of submission		
• An interview with current students		
• In-person interview rather than by phone		

The interviews, preferably in-person, and the essay were mentioned again and again as the most telling and helpful tool used in the admissions process. Transcripts or assessing past academic success were close behind. It seemed important to most schools that the applicant displayed integrity, a high level of motivation, and a realistic view of midwifery and midwifery school as articulated in this comment from one school: "A student who operates from a place of strong accountability (e.g. pays for their own tuition or has a formal payment plan in place with a lender, submits fully completed admissions materials and fees early or on time, and does not offer excuses, is likely to be successful in this program and professionally." A related comment: "The essay questions are geared around the potential student's vision for her future as a midwife, rather than her past experience. This "vision" is very indicative of commitment and her sense of reality regarding the profession." One school valued the essay and interview the most because of their role in getting to know the students on a deeper level, "We are specifically looking to enroll people who share our heart, our vision and our passion."

Tools or Processes for Selecting Students

- Three schools mentioned the use of a scoring system that they employed in the selection process. These rating systems evaluated the applicant in various areas the school was most interested in, i.e. academic ability, interpersonal skills, compatibility with school philosophy, maturity, able to finance their education, experience with midwifery, etc.
- An admissions committee was used by some to review applications, interview, and deliberate together to make the final selections.
- One school mentioned that special consideration was given to certain applicants: "Priority is given to applicants who: are from racial, cultural and geographic communities in which there is a shortage of midwifery services, demonstrate a commitment to building midwifery as a profession, have relationships with practitioners who are willing to be preceptors. An applicant may be denied admission if... there is not a good match between the learning needs of the applicant and the learning environment offered at [our school]."

Best Interview Questions:

Participants in the survey were asked to list some of the questions they have found to be most helpful in the interview process. Following are some of the responses:

Why do you want to be a midwife?

What has led you to midwifery?

Elaborate on some of your beliefs about birth and midwifery.

Questions regarding their understanding of what a midwife does and the differences between direct-entry midwifery and certified nurse-midwifery.

What type of midwife do you want to be?

What are the gifts you bring to midwifery?

How do you see yourself contributing to midwifery, women and families in the future?

What does integrity, commitment and responsibility mean to you?

Do you consider yourself self-motivated?

What is your support system and are these people supportive of your decision to become a midwife?

What are your spiritual beliefs and practices?

Reality check questions like, "How will you pay for this? What do you think about the life and death responsibilities inherent in this profession?"

What is your toughest consideration or barrier to becoming a successful midwife?

How do you envision that your practice will unfold?

Why have you chosen to study in this particular program?

Are you comfortable with the distance learning process?

Do you feel committed to the completion of this program?

*Have you read the catalog/student handbook?
Do you understand the grievance policy?
What are your expectations of us as your teachers and of yourself to us, sister midwives, and potential clients?
Are you prepared to move if you have to in order to meet graduation requirements for clinical numbers?
We paint a scenario for applicants to respond to that might assess their leadership qualities and practical sense.*

Comments:

- *"Because we are a state institution we do not do interviews, our institution considers the risk of subjectivity puts us at risk for lawsuits."*
- *Questions which the candidate asks us are also noted.*
- *"We are still working on this! Mostly I think we just need to get the applicant talking."*

How Essays are Used

Almost all of the survey participants used an essay as part of their admissions process and stated that they found it extremely useful. Following are comments on how essays are helpful to them:

- It guides the interview questions in terms of misconceptions expressed.
- Writing and grammar skills are evident, as are thought processes, level of academic education, creative expression and life experience.
- Helps us get a more personal feeling of the applicant.
- The impressions left by the applicant essay commonly prove to be true in the student midwife.
- The essay helps us see how the prospect thinks, writes and communicates..
- We feel we get to know them best in the essay.

Qualities Most Predictive of Student Success

Participants were asked to choose 4 of the following criteria an applicant may meet that they found to be most predictive of student success. This is the ranking of these criteria and the percent of respondents who included it in their top four:

Maturity	81.3%
Realistic outlook	56.3%
Interpersonal skills	56.3%
Passion for midwifery	43.8%
Past academic success	37.5%
Ability to pay for school	37.5%
Varied and rich life experience	31.3%
Support for her choice to be a midwife	31.3%
Experience with pregnancy and birth	18.8%
Writing ability	0%

Giving Students a Chance

I know that we have accepted students that we had some serious reservations about in the past. Sometimes we just really like them personally, or feel their perspective will really enhance the classroom interaction, or perhaps we needed to fill the class for financial reasons. The survey question that addressed this phenomenon was, "Do you

ever give a student a chance even though she may seem weak in significant ways?" 10 of 14 respondents gave an enthusiastic yes. 3 said they do but have learned that it often does not work out. 1 said clearly no. Here are some of their comments:

- *Experience strongly suggests that these are the students who are most likely to struggle with the program requirements and who tend to opt out of the program.*
- *Ohhh yes. If she is committed to learning we are committed to teaching. The path is short for some and long for others.*
- *Students are only rejected outright if they are blatantly unsuited for our program. This is partly due to our philosophy that midwifery school is a time of tremendous growth and development for a student—areas of weakness may become areas of great growth and success for the student. However, this is also due in part to our (lamentable) need to fill our cohort seated each year. We simply do not have an applicant pool large enough to pick and choose the most suitable students.*
- *Always leave the window open for something wonderful to fly in.*
- *We have learned that sometimes the most unlikely applicants end up really shining. Especially the ones who never have done well in school—when they really apply themselves to an area of study they are interested in they can perform quite differently.*

Discrimination in the Selection Process

Rejecting applicants to your program potentially can open programs up to claims of discrimination, so careful policies must be in place to avoid that possibility. All accredited schools must have a non-discrimination policy, so most of our catalogues include statements such as: "We do not discriminate on the basis of gender, age, race, ethnicity, religion, sexual orientation, marital status or physical disability". But at the same time, we must be able to choose students who we think will make successful students and midwives. This can be a fine line to walk, and two schools answered yes to the following question: Have you ever been accused of discrimination in your selection process? In both cases the school was accused of discriminating against a male applicant.

"Several years ago, a man who was a L&D RN tried to sue us for discriminating against him during the admissions process because he was a man. The college's lawyers, risk manager, EEOC director and I got all the necessary documentation together to prove we had not discriminated against him. We found out that he had sued two hospitals for discrimination against him as a male L&D nurse, and the insurance companies had settled out of court. We accepted him into the program providing he completed all the required science and general education courses... At the last minute (1 week before classes were due to start) he withdrew his lawsuit and never pursued the opportunity enroll in the midwifery program. He claimed he had suffered too much emotional distress."

There are certain physical, emotional, and intellectual requirements for the work of a midwife and not everyone

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Student Admissions Process . . .

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can meet these requirements. Participants were asked how they determined or assessed whether an applicant would be physically or psychologically able to perform as a midwife. Five responses referred to written requirements published in the catalog or student handbook, i.e. the ability to lift and position clients, work for long hours, write and speak clearly, perform tasks necessitating fine motor coordination, hear soft sounds (such as FHTs)... ADA (Americans with Disability Act) guidelines were used in some cases. Applicants are asked to review the list and make sure they are able to meet the requirements. Two respondents referred to a health form that was required of all applicants.

Here are some further comments:

- *Physical disabilities may be considered only as they relate to the ability to perform on-the-job requirements.*
- *If a woman has a desire to explore midwifery we endeavor to support and encourage her and we try to fit her with the most appropriate program. We don't want to make judgments about whether a person would or would not be able to perform as a midwife.*
- *Eventually, this ability or disability will surface, and the student herself will realize the obstacle. We will help her to adjust her goal to another partnered profession, ie doula, teacher, mom.*
- *ADA recommends that the essential functions necessary for performing the proposed job or schooling be fully described so that the candidate can determine if he or she can perform these functions (not the complete list):*
 - Read and understand technical and scientific material
 - Memorize facts and test successfully for them
 - Write coherent essays analyzing health problems
 - Research topics relevant to midwifery practice and to present findings
 - Perform differential diagnoses based on information the patient has given or you have obtained clinically
 - Perform clinical skills for obtaining physical information from clients
 - Lift and reposition clients
 - Perform motor skills such as suturing, starting IVs, intubating, injecting and driving vehicles
 - Correctly administer medications
 - Work long and irregular hours, sometimes with little break or for days at a time
 - Communicate successfully with clients, their families, your colleagues, doctors, hospitals, laboratories, emergency services, and community resources
 - Respect client confidentiality and comply with legal requirements
 - Gracefully accept supervision, instruction, and correction
 - Successfully perform midwifery skills under preceptor supervision and to gradually take increased responsibility until you can perform all midwifery tasks independently
 - Maintain mental and physical health

Barriers to Enrollment

84.6% of respondents stated that they typically meet their enrollment goals and 15.4% said they do not. When asked to rank a list of possible barriers to enrollment, this is how the ranking turned out from most significant to least significant:

1. Cost of program
2. Lack of applicants
3. Competition from other programs
4. Lack of qualified applicants
5. The nature of midwifery practice not attractive to younger women

Most respondents use a waiting list for applicants, mostly when capacity is reached or when waiting for clinical sites to open up. Sometimes the waiting list is a deferment to the following cohort, or sometimes waitlisted applicants are offered enrollment if a space opens up before classes begin.

One school described the use of a waitlist when there was an early decision option-- less strong applicants could be waitlisted until the second application deadline was passed and the new applicants went through the selection process. Applicants on the waitlist could be enrolled if there still were spaces left.

Challenges in the Admissions Process

Following is a list of challenges in the admissions process that schools experienced to be most significant:

- *"Selecting the candidates who are the best fit for MLLs intensity—i.e. they need to have good interpersonal skills with sister students, clients, and staff midwives. They need to have a positive attitude and pull their weight. These things are hard to assess by telephone and in essays.*
- *Finding enough local clinical training sites.*
- *Many midwifery students appear to be assessing programs in hopes of finding programs that require the least expenditure of effort, time and tuition. In order to be taken seriously and to ensure that out-of-hospital birth remains a viable option, contemporary midwives need to be adept in the knowledge and skills related to midwifery, obstetrics, neonatology, gynecology and pharmacology including allopathy). A short course in midwifery is inadequate nowadays to prepare student midwives for this level of comprehensive practice.*
- *Assisting women with logistics—housing, employment, childcare...*
- *Marketing outside our local community because of lack of funding.*
- *My would-be students often get pregnant.*
- *Lack of experience and tools to accurately predict student success.*
- *Lack of an applicant pool that could support higher standards in the selection process.*
- *If we had 30 to pick from each year we would be able to pick the students who are the best match for our program. This would solve a huge set of problems such as poor retention, financial unpredictability, needing to lower the bar to accommodate lower performing students, demoralization in the student body due to unsatisfied students.*

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Standard 5: Fiscal and Administrative Capacity

by Ellie Daniels, CPM

In this series of articles about the MEAC Standards, we come to Standard 5: Fiscal and Administrative Capacity. If a school falls short in this area, literally every other Standard feels the impact. And yet, this is an area that most schools struggle with, and for this reason, MEAC has given it particular focus and attention. Come along with us on a little road trip...

The Standard requires a two-year business plan that includes a description of operations, financial planning and documentation, a recruitment and development plan, and an assessment of risk. All successful businesses have a plan. It is a necessary thing for obtaining financing and support from donors. It is the only way that a business can systematically assess its financial health. It is an organized way for a business to do its strategic planning and have a snapshot of its progress at a point in time. Many businesses use their plan as a dynamic document that changes and evolves as the goals and needs of the business do. A business plan is like a map: you wouldn't want to embark on a big trip without one!

The business plan helps a school define and focus its activities, and describe exactly how it will actually accomplish them. It includes the people, facilities, equipment, supplies, and money necessary to function. It prompts a financial plan to accomplish the goals, and requires that the plan be documented in a standard format that shows the viability of the plan. It asks that the school has considered the personnel and skills it will need to carry out the plan. And lastly, it asks the school to consider its vulnerabilities, where it could get into trouble, and what it would do to respond. With the plan in hand, the school sets off with the route mapped out. There is money in the pocket to keep gas in the tank, pay for lodging along the way, and feed the driver and passengers. There is a person in the car that can read the map, and another that knows how to change a tire. Either of them can spell the driver. And if the engine overheats, there is a Triple A membership to get the car towed, and a line of credit for large repairs!

Standard 5 next requires that the institution has written Policies and Procedures that ensure financial accountability. Many of these Policies and Procedures have to do with protecting the student and the student's money. There must be a system with checks and balances for receiving and depositing money, and reconciling bank accounts. This kind of system involves more than one person, and insures that no one individual could mishandle or "misplace" money that is received by the school. It requires that student ledgers are maintained to record tuition payments and other financial transactions, and that students are provided access to their ledger. It requires that students be given receipts for any monies received by the school. Ledgers must be stored so that they are accessible, and also protected from damage and loss.

Policies and procedures must describe how all of the institution's financial records are stored, protected from damage and loss, and made accessible. The school must

show its process and schedule for comparing the projected operations budget to actual income and expenses. This is where the rubber meets the road. It is one thing to say that the car will roll along on Best Cheapie Discount Tires, but if there have been three flat tires on the trip, then perhaps the plan isn't working so well. So now the school must show how it decides that a revision to the plan is needed, and how it will meet its obligations to the currently enrolled students. How is the decision made that the next set of tires will be from Goodyear, and how will we know if the passengers are safe?

The school is required to have its financial reports compiled and reviewed annually. This review would be done by an outside party, such as an accountant, and gives the school valuable information about the soundness of its accounting practices as well as its financial plan. Different types of reviews are required for different levels of income and participation in programs such as Title IV Financial Aid.

The institution must maintain an asset to liability ratio of 1:1. This means that if the school has loans and obligations totaling \$100,000, it must be able to show that it has assets of cash, real estate, equipment and fixtures, or receivables that also total \$100,000 or more. This insures that if the worst case happened and the car crashed, there would be insurance or other resources sufficient to put it back on the road. This part of the Standard keeps schools from getting in over their head. It prevents a cross-country trip with sixteen passengers expecting to get to California in a VW Bug.

The Standard requires that the qualifications for the management staff are established, that the management structure is clearly defined, and that a list of administrative functions is performed. For a school that is small and has limited resources, two or three administrative people may be doing multiple tasks. Many schools do not realize the breadth of what is expected from the Department of Education in the area of administration. The checklist of functions in Standard 5, as shown below, allows schools to see all of the important tasks that insure success in meeting the obligations to the student, and that are expected to be able to be demonstrated throughout other sections of the Standards as well. It is the schematic of the engine and the drive train.

1. Academic and Curriculum oversight
2. Distance Learning oversight, if applicable
3. Student progress
4. Student Clinical Experience oversight
5. Academic faculty and clinical instructor supervision
6. Learning resources oversight
7. Recruitment and marketing
8. Student admissions
9. Student services
10. Student financial aid
11. Personnel/human resource management
12. Financial management

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Building an Effective Board of Directors

Part 1 in a two-part series on board development

by Emily Anthony

It's a familiar story: the board meeting is feeling a little lackluster. The same few people are doing all the work, and attendance by others is lagging. The board lacks people with the expertise it needs, or people who "know people with money." And everyone is sick of worrying about fundraising. There is only one conclusion: it's time to build up the board!

Most boards in this situation immediately start thinking about what kind of new people they need to recruit. This is often followed by a sense of despair: does anybody even know these people? And if so, how on earth can we get them to say they'll join?

The truth is, you do know people: colleagues, clients, neighbors, acquaintances -- and those people all know other people you could potentially tap as well. For most boards, the real problem is not that you don't know people who would be wonderful, it's that you are fairly sure those wonderful people won't agree to join up. Furthermore, asking someone you really like to join a board that is tired and stuck does not feel kind to do.

"If you build it, they will come."

When it comes to building your board, I believe that the place to start is not with the Rolodex, but with a serious look inward. Let's face it: if board meetings are interesting, inspiring, and productive; if board members feel their talents are leveraged and their time is not wasted; if people feel they are moving the organization and learning and having fun in the process -- if all these things are true, people will want to join your board. More to the point, your board members will be out in the community telling others what a great experience they are having, and will not need to be prodded to invite others in. Thus, the real solution to recruiting great board members is to create a board that people genuinely want to join.

Now admittedly this creates a bit of a chicken and the egg problem, because if you need new people to energize your board, and you need an energized board to bring on new people, where do you start? You start by fixing whatever is broken on your own board. You do this by looking very honestly at what is working for your membership and what is not, and by not being afraid to make changes. The beauty of this approach is that the process itself will help to jump start a flagging board, as people feel newly empowered to create the kind of group they want to be a part of.

What do Board Members Need to Be Successful?

To have a great board experience, all board members need three basic things:

1) Board Members need to be inspired by the mission of the organization.

People joined the board because they care about the important work you do: serving midwives, families and babies. Board members need to be given opportunities to

see or hear about the work of the organization on a regular basis in order to stay connected to their passion. This can happen by observing a class, hearing a presentation from a faculty member, or meeting a client. How powerful would it be to hear a first-hand account of a student midwife's first birth? One board I know puts children's faces on the bars of the bar graphs in the financial reports, so readers never forget why they are thinking about the budget.

Since it is a passion for the work of the school that inspires people to volunteer, board members must be given opportunities to work on substantive issues relating to the direction, mission and vision of the organization. It is tempting to let the staff do the "real" decision making, while the board OK's the budget and runs the fundraisers. Boards like this will never be truly engaged; nobody wants to be a rubber stamp. Great boards have meaningful discussions about important issues every time they meet.

2) Board Members need to have a clear understanding of what needs to be done, and be given the education and skills to carry this out.

There is no particular reason that a smart person who is passionate about birth choices should love fundraising or be an experienced strategic planner. Most great board members are made, not born. They must understand exactly what is expected of them, and be given as much training and support as they will need to do it well.

As an example: for most boards, it's not enough to say, "Invite your friends to our benefit auction!" People will feel anxious about the task and put it off. Instead, take time to brainstorm about what kinds of new people might be interested. Do board members need a chance to role play inviting friends, or be given sample text they can email? Most importantly, how are they feeling about doing this task? They may need a check-in call from development staff, or, if there is no staff, they can buddy up and check in with each other so they feel supported in doing something which is hard for them, but still accountable to the task. Breaking down the work and providing opportunities to learn, practice, and be celebrated for a job well done, will help people move out of feeling stuck.

3) Board members need to be supported and appreciated for what they are: volunteers

We all know that life is tremendously busy and there are many competing demands on our time. When people give up family and leisure time to put hours in volunteering for your school, they shouldn't just feel good about it . . . they should feel GREAT about it! They deserve to feel that their time is well spent, which means that they need real accountability from staff and board colleagues, so all the work does not fall to a few people. They deserve to be comfortable as they carry out their work -- no more board meetings on terrible folding chairs! They deserve to have fun, learn something, and feel inspired at every

Building an Effective Board of Directors

(Continued from page 7)

single board meeting. And they deserve to be thanked and appreciated for all the work they do, by the staff and by each other.

At organizations with very tight budgets, it can feel indulgent to invest in the “care and feeding” of your volunteers. Of course, not all of the things you do on behalf of the board need be expensive: one board president I know awards “Queen for a Day” at each monthly meeting, and gives that person a tiara to wear throughout it. But even if money is tight, I would argue that spending some money to help your board function better is a wise investment. One organization with a board comprised mostly of moms found that when they spent the money to provide a simple meal and a teenager to watch kids in a separate room during their meetings, both attendance and morale was vastly improved, and the cost was really quite reasonable. Your board members are your greatest assets – protect them!

Evaluate what’s working and what is not, and don’t be afraid to change.

Every board will benefit from an honest evaluation of what is working and what is not. Written surveys are a good start, but brainstorming sessions and 1:1 meetings are also effective tools for gathering information about how people are feeling about the board.

It is important to realize in this process that the board has a lot of latitude to make changes in how it runs– there are very few legal requirements about how a board should work, although some changes may require an amendment to your bylaws. If you’ve always had evening meetings but people are burnt out by the end of the day, try switching to breakfast meetings and see if the energy changes. If people are finding it hard to make monthly meetings, consider meeting every other month and doing more of the work on committees, perhaps beefing up your reporting requirements to keep everyone in the loop. You can find plenty of alternative leadership models described on the net, if the classic “President, VP and committees” model isn’t working for you. And if everyone is sick of working on that annual fundraiser that is such a tradition at your school, maybe it’s time for some creative new event ideas. The point is to question every practice that is based on “but we’ve always done it that way . . .” if it is not really working for your board now.

Every Meeting like a Mini-Retreat

Surveys show that most board members enjoy retreats, with chances to get to know one another and more time for in-depth discussions, more than they enjoy regular meetings. So how can you make your regular board meeting more like a retreat? Keep committee reports and other one-way communications that could be written to a minimum, and add in time for short trainings, substantive discussions, and team building. Break-out sessions, where people discuss an issue in small groups, can wake up a slow meeting and encourage the quieter members to get engaged. There are

plenty of well-researched tools for running more efficient and effective meetings – use them!

“If you keep doing what you’re doing, you’ll keep getting what you’re getting.”

There’s no question that recruiting new board members can give your school’s board a shot in the arm. But if your board is not getting the “care and feeding” it needs on an ongoing basis, it will only be a temporary improvement. If you get your own house in order first and focus on building a truly dynamic board, you will have laid the groundwork for bringing on the committed people you need to make your organization thrive.

In the next issue: “How to Recruit and Bring on New Board Members When the Time is Right”

Emily Anthony works as a consultant with non-profit boards in board and fund development in Seattle. As a doula who had both of her children with licensed midwives, Emily is also personally committed to midwifery care and birth choices.

Fiscal and Administrative Capacity

(Continued from page 7)

13. Regulatory compliance oversight
14. Facilities and equipment oversight
15. Records management and retention review

It is expected that the school has a process for the periodic evaluation of administrative functions and staff performance. This is an opportunity to review the workings of the whole engine. How is it running? Is there a part missing? Are the filters clogged? Do the belts need tightening, or replacing? Periodic tune-ups keep it running smoothly, and are very reassuring for the driver and the passengers!

The institution must be legally recognized under applicable state law, and in good standing with other accrediting agencies. It is important to know and follow the local traffic laws, and keep your license and registration current!

Finally, The institution must be compliant with applicable federal regulations, including, but not limited to: FERPA, HIPAA, ADA, SEVP. Hmmm, I can’t even read those signs!

Standard 5 is central to the health and success of every school. As the fiscal and administrative capacity of a school is strengthened, every other part of the program benefits. By starting with a destination and a map for getting there, planning well for expenses and contingencies along the way, being responsive and learning from wrong turns along the way, having the right people along for the ride, paying attention to the rules and laws of the road, and being willing to learn to read and follow all the signs, you and your passengers will arrive at your destination in one piece, and might even feel like you’ve had a vacation along the way!

Ellie Daniels, CPM
President of the Board
Midwifery Education Accreditation Council

New Executive Director at MEAC



The MEAC board of directors are pleased to announce the selection of our new Executive Director, Martha O'Conner. Martha brings incredible experience to MEAC, having worked sixteen years in credentialing, including directing accreditation programs for Occupational Therapists and Chiropractors and developing certification examinations for Occupational Therapists/Occupational Therapy assistants. She also spent twelve years as a practicing Registered Occupational Therapist and taught for more than eight years before earning her Doctorate in Higher Education Administration. Martha brings particular expertise in organization, strategic planning, budget, public speaking, teaching, conflict resolution and oversight/collaboration with teams and committees. She is eager to learn more about midwifery in the United States and is looking forward to meeting all of you!

Martha assumed her duties in early January, 2008. Our Administrative Assistant, Michelle Gober, will maintain the MEAC office in Flagstaff through March, while Martha will divide her time between Flagstaff and her home in Scottsdale. We anticipate re-locating the office to the Scottsdale area in April. You may contact Martha via email at executivedirector@meacschools.org or the regular office phone number.

We also want to take this opportunity to express our deep gratitude to Mary Ann Baul, who was a founding member of MEAC and has served as our Executive Director for more than a decade. Mary Ann has truly been our midwife – nurturing, educating, facilitating, defending and leading MEAC through our early years, developing standards for accreditation, earning U.S. Department of Education recognition, monitoring the accreditation status of the programs institutions accredited by MEAC, and supporting the work of our volunteers and Board of Directors. She has served with integrity, kindness, resolve, and a passion for midwives, women and their families. Fortunately, for the families of Flagstaff, our loss is their gain as Mary Ann will now be able to turn her full attention to her midwifery practice and birth center.

New Books of Interest

Prenatal Exposures : Psychological and Educational Consequences for Children

By Roy Martin and Stefan Dombrowski, 2008
ISBN 978-0-387-74398-1

The goal of this 220 page textbook is to summarize the most important findings regarding prenatal exposures that have been associated with learning and behavior problems of children and adolescents. Its five sections include:

1. background on prenatal CNS development
2. perinatal mediators and markers of disturbances of fetal development (LBW, prematurity, hypoxia)
3. maternal illness (Infections, chronic illness, nutrition, stress)
4. maternal use of recreational drugs (smoking, alcohol, illicit drugs)
5. pollutants and the development of the human fetus (air and water pollution heavy metals, household chemicals)

It is organized as a quick reference book, compiling the current literature in each area. It is a short text, so does not go into great depth in any area.

Pushed

By Jennifer Block, 2007
ISBN: 978-0-7382-1073-5

This fun and compelling book is the latest in the series of critiques of the maternity care system in the U.S. Jennifer is a journalist who researches the latest trends in hospital maternity care and travels around the country talking with women, physicians and midwives and observing them at work. It is effective at getting one riled up (again) at the state of childbirth in the USA. This could be a good book for incoming students to read in preparation for Orientation or a discussion on the Midwives Model of Care. My only discomfort with this book is the retelling of the Cynthia Caillagh criminal case involving a maternal death at home in 1997, the details of which could have been left out of this book. There is always risk in a lay person writing about the particularities of a birth scenario; it makes me twitch a little when they are then laid out for the world to see and pass judgment on.

In Defense of Food

By Michael Pollan, 2008
ISBN: 978-1-59420-145-5

This book solidified my already well established role as a Michael Pollan groupie. Introduced to him with his book The Omnivore's Dilemma, which inspired the reading of The Botany of Desire, this newest venture beautifully articulates all my less-well formed beliefs about how to eat for health, enjoyment and sustainability. After reading it, which with 200 small pages does not take very long, I immediately decided to use it as the prelude text for

our nutrition course at Birthwise. Pollan uses the term nutritionism to describe how our culture has come to look at food: as individual nutrients that we must carefully patch together into an ever-changing formula for health. Pollan proposes a greatly simplified approach to eating: Eat food. Not too much. Mostly plants. What Pollan has to say may be more valuable than any nutrition text when it comes to working with pregnant women.

Our Bodies, Ourselves: Pregnancy and Birth

By The Boston Women's Health Book Collective, 2008
ISBN: 978-0-7432-7486-9

This is the first edition of this childbirth preparation book created by the Boston Women's Health Collective, our trusted friend in the feminist health world. This is an excellent addition to your list of books to recommend to young women thinking about becoming pregnant or clients preparing for their births. It presents all birthing options and caregiver options in a balanced way, but with a clear bias towards low intervention in the natural process. A great resource for the followers of this amazing women's health movement now nearly 40 years old.

Current Member Institutions of AME

- Birthingway College of Midwifery
- Birthwise Midwifery School
- The Farm Midwifery Workshop Program
- The Florida School of Traditional Midwifery
- Heaven and Earth Midwifery Programs
- Midwives College of Utah
- National Midwifery Institute
- Nizhoni Institute of Midwifery
- Seattle Midwifery School

Do you see your name on this list?

If not, consider joining AME today.

www.associationofmidwiferyeducators.org

Book Review: OXORN-FOOTE HUMAN LABOR AND BIRTH by Harry Oxorn

Reviewed by Justine Clegg, CPM, LM
Miami Dade College Midwifery Program Director

ISBN: 0-8385-7665-6

Publisher: McGraw-Hill Medical Publishing

Pub. Date: 1986

This timeless classic is a "must" textbook for our Midwifery Program at Miami Dade College. Instructions for the diagnosis and management of nearly every conceivable obstetrical topic are presented succinctly yet thoroughly. Well indexed, easy to read and understand, organized in a logical step-by-step presentation and clearly illustrated by exceptional line drawings, the reader will readily find answers to the full range of normal and abnormal situations, with a healthy approach toward the normal process. The information is presented sequentially, in outline form, without extraneous information and with comprehensive coverage of options for treatment management, which makes this textbook especially helpful for midwives.

HL&B starts off with the bones, joints and ligaments of the pelvis, the pelvic floor muscles, the perineum, the uterus and vagina. Next it covers the fetus, fetal head landmarks, and the fetopelvic relationships. Pulling together the information in previous chapters, it clearly describes the mechanisms of labor and birth, from engagement and the cardinal movements of normal labor, to transverse and posterior positions of the occiput, face, brow and breech presentations, with instructions for vaginal delivery of babies in these positions.

Complications are well covered including shoulder dystocia, antepartum and postpartum hemorrhage. The chapter on the umbilical cord includes management of cord prolapse. The chapter on the placenta includes abruption, placenta previa and accreta and illustrates manual removal of the placenta. The chapter on episiotomy, lacerations and repair includes uterine rupture and inversion. The chapter on cesarean illustrates the various types of incisions, discusses relative and absolute indications for cesarean, advocates a 15% cesarean rate and gives criteria for "trial of labor" after previous cesarean delivery. Conditions such as maternity obesity and hypertension are also included, and much more.

Dr. Oxorn is Professor and Chair of the Department of Obstetrics and Gynecology at the University of Ottawa. The first publishing of this book was in 1920, by Drs. Oxorn and Foote. Dr. Foote has since passed away but his name remains in the book title. Back when I started in midwifery, this handy reference book was an essential component of my birth bag. It was my textbook in midwifery school in the early 1980's. The fifth edition was published in 1986. Although the instructor may need to supplement with the latest up-to-date information, because normal labor and birth are timeless, this book remains a classic and is a valuable resource for midwifery students and practicing midwives.

MEAC Request for ARC Members



The Midwifery Accreditation Council (MEAC) is expanding our pool of individuals qualified to serve on Accreditation Review Committees (ARC). Do you have any suggestions for individuals who might be interested in the ARC as a public or professional member?

Accreditation Review Committees are responsible for the evaluation of applicant institutions/programs, including review of their self-evaluation reports and other documentation provided, conduct of site visits and interviews, and preparation of the ARC report and recommendations to the Board of Directors. ARC members are volunteers who have demonstrated experience and/or ability to evaluate institutions/programs as educators, clinicians, and/or academic or administrative personnel.

Training and staff support for ARC members is provided by the MEAC Accreditation Specialist. The actual accreditation process unfolds over many months, but the time commitment will be approximately 8 hours to review documents and reports plus 2-3 days of travel for site visits. Expenses for site visits are covered by MEAC.

Please submit your recommendation(s) and/or encourage individuals to send a letter of interest and resume to the MEAC office at 20 E Cherry Avenue. Flagstaff, AZ 86001.

Thank you for your support of MEAC.

Martha O'Connor
Executive Director

Student Admissions Process . . .

(Continued from page 6)

Conclusion

According to this survey, most direct-entry midwifery schools have developed a fairly sophisticated admissions and selection process. If other schools are anything like ours, this process has evolved over time as we have learned more about what types of students are most successful in our program and enhance the learning environment and culture we are trying to maintain here. Some of our applicants that looked ideal on paper-- they submitted a thoughtful, well-written essay, had excellent college transcripts and good references-- were ultimately not well suited to practicing midwifery. On the other hand, some students who had poor academic records became very successful academic students, so leaving room for those surprises was something most schools seemed willing to do. We have also learned that the admissions process is a two-way street--the students are also choosing the school, so opportunities for disclosure need to happen on both sides.

There seems to be an understanding that there is really no sure-fire method for predicting whether an applicant is appropriate for a particular program, but there are ways that work better than others. The things that allow schools to get to know their potential students more deeply were deemed most useful by many, i.e. to learn why they are pursuing midwifery, and if they really understand what that entails. Midwifery is not just another career on a list among others to choose from, as I remember doing as a freshman in college. It is a vocation that requires a very unique set of personal qualities and strengths that are sometimes hard to sort out before testing the waters of midwifery practice. It is a near impossible but also necessary task to judge which applicants should be enrolled in your program -- I'm glad we could learn from each other.

Heidi Fillmore-Patrick is the director of Birthwise Midwifery School, on the Board of the Association of Midwifery Educators and the Midwifery Education Accreditation Council, and a practicing CPM in Maine.

This bulletin is coordinated by the Association of Midwifery Educators, a networking organization for all midwifery educators. All midwifery educators are invited to contribute to this newsletter. The deadline for submission to the next issue is July 1. Send articles, letters, calendar items, or other submissions to AME at birthwise@verizon.net or 24 High St., Bridgton, Maine 04009.

Job Opening:
EXECUTIVE DIRECTOR
Florida School of Traditional Midwifery CEO

Qualifications: *Bachelors degree in Business Administration or a related field or equivalent experience is required. Position requires knowledge and experience in managing the operations of a school, and at least three years of office management and supervisory experience. Position requires excellent public speaking and communication skills. Grant writing and fundraising experience is preferred. Experience with midwifery education a plus.*

Salary Range: \$30,000-\$38,000 DOE

Position: Exempt/Full Time

Responsibilities:

1. Hire, evaluate, train and supervise all FSTM staff
2. Act as liaison to BOD, FSTM Directors and Community through meeting attendance and reports
3. Work directly with BOD and all BOD committees to facilitate long term planning
4. Formulate and maintain budgets for FSTM
5. Create a marketing and business plan
6. Create/Approve all marketing, media and publications of the organization to ensure the mission and message are appropriately reflected
7. Attend and represent FSTM at state and national Midwifery conferences/mtgs
8. Initiate and promote fundraising, including soliciting private donations, facilitating events and writing grants in collaboration with the Board of Directors
9. Grant and scholarship management in collaboration with the Finance Manager including, budgets, billings, audit requirements, and annual reports
10. Manage and keep current all official licenses and insurance policies
11. Oversight responsibility for all human resource & employee contract matters
12. Update/Implement policies and procedures in collaboration with Program Director
13. Maintain personnel files in accordance with regulatory agencies
14. Oversee maintenance of standards of school regulatory agencies
15. Oversee revision of course catalog and website annually
16. Attend instructor meetings and participate in new student orientations
17. Serve on the curriculum committee
18. Serve on the admissions committee
19. Manage the recruitment and coordination process of Volunteer/Intern placement at FSTM
20. Other duties as assigned by the Board of Directors

To apply: Please send resume with cover letter to Kaitlin Earley, Interim Executive Director, at kaitlin@midwiferyschool.org. Position open until filled.

Job Opening:
PROGRAM DIRECTOR, Florida School of Traditional Midwifery

Direct Supervisor: Executive Director

Qualifications: Master's degree or equivalent experience. Midwife and/or experience with midwifery education required. Knowledge of and experience in academic aspects of a school or training facility preferred. Good communication and computer skills required.

Salary Range: \$14-20 per hour DOE

Position: 35h per week

Program Director Responsibilities

1. Maintain standards and reporting to FSTM's regulatory bodies.
2. Liaison between instructors, preceptors, students, and administration
3. Attend and represent FSTM at state and national Midwifery conferences/mtgs
4. Academic and Clinical Advisement to midwifery students
5. Review academic status of students; performance reviews as needed.
6. Create academic calendar and class schedules
7. Serve on the admissions committee
8. Review and approve advanced standing requests, work with independent evaluator as necessary
9. Review and revise the course catalog annually, including academic policies and procedures
10. Lead new student orientations and clinical orientations
11. Organize and facilitate instructor meetings/Review and revise instructor manual
12. Curriculum review, lead the curriculum committee
13. Preceptor placement for midwifery students
14. Preceptor development workshops/on-site visits with preceptors
15. Mid and end of term clinical checkins for midwifery students
16. Maintain preceptor files in collaboration with Administrative Specialist
17. Issue Practicum Lab grades in collaboration with Administrative Specialist
18. Conduct FSTM Aspiring Student Meetings
19. Compile textbook lists and course packets, order as needed
20. Other duties as assigned by the Executive Director

To apply: Please send resume with cover letter to Kaitlin Earley, Interim Executive Director, at kaitlin@midwiferyschool.org. Position open until filled.

Job Opening:
CO-DIRECTOR of Birthwise Midwifery School

Administrative position with special focus on Clinical Training. Part-time faculty assignment available in addition to administrative hours.

Hours: 25 hours per week plus teaching 3-4 credits per semester. Flexible schedule.

Hiring timeline: Hope to fill this position for a start date of Oct. 1, 2008

Salary: \$24,000 to start, with faculty compensation in addition to administrative salary. Three weeks of paid vacation per year.

Educational Requirements: Minimum Bachelor's Degree in any field, Master's level preferred. Midwifery credential: CPM, CM, LM or CNM.

Other Preferred qualifications: Recent midwifery practice. Experience in midwifery education or teaching and administration of any kind. Excellent organizational and interpersonal skills.

For a complete job description or to apply: contact Heidi Fillmore-Patrick, Birthwise@verizon.net, 24 S. High St. Bridgton, Maine, 04005 207-647-5968

ASSOCIATION OF MIDWIFERY EDUCATORS MEMBERSHIP REGISTRATION FORM



There are several ways that you can support AME, so find the right category for you:

Individual member: Faculty members, administrative or staff members, or preceptors for a midwifery education program.

Institutional member: A midwifery program or institution

Supporting member: Any individual or organization that would like to support the work of AME

If you would like to become a member of AME, please complete the following membership registration form and mail with payment to: **AME 24 S. High St. Bridgton, ME 04009**

Name of school or individual: _____

Address: _____

Town, State, Zip: _____

Phone: _____ Email: _____

Relationship to midwifery education: _____

Membership Categories:

___ **Individual Membership**, 45.00/ year

___ **Institution Membership:**

small (1-3 employees) 150.00/ year

mid sized (4-12 employees) 200.00/year

large (13+ employees) 300.00/year

___ **Supporting Member** 35.00/year

___ **Newsletter Only** 25.00/year

Outreach to Educators Project

24 South High Street
Bridgton, ME 04009