TEXAS DEPARTMENT OF LICENSING & REGULATION
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MIDWIFE CLIENT CONSENT TO SERVICES PROVIDED BY STUDENT

To become eligible for a midwife license in Texas, a student must obtain clinical experience by acting as an observer, an assistant under direct supervision, and a primary under direct supervision, for a number of births, prenatal exams, newborn exams, and postpartum exams.

Clinical experience activities must be performed in accordance with the following requirements:

1. All clinical experience activities performed by a student must be under the direct supervision of a preceptor who is licensed in Texas as a midwife, nurse-midwife, or physician. Direct supervision is real-time, in-person observation and guidance by a preceptor who is physically present and immediately available to provide any necessary assistance and personally respond to any emergency.
2. The student must always be directly supervised regardless of whether the activities are being counted toward the student's education.
3. The student must perform only the activities authorized by the preceptor.
4. The student must not advertise, or represent to the public in any way, that the student is a midwife.
5. The student must not receive compensation from a client for performing supervised activities.
6. Before any service involving a student is provided to a client, the client must be informed in writing of these requirements, the identity and license status of the preceptor and the student, and the services that will be provided under direct supervision to the client.
7. The client must consent in writing to the services being provided under direct supervision.

The client consents to the services indicated by the client's written initials in the following table:

	Prenatal Exams	Birth	Newborn Exams	Postpartum Exams
Student acting as observer				
Student acting as assistant under direct supervision				
Student acting as primary under direct supervision				

Preceptor's Name: _____

Preceptor's License Status: ☐ Licensed Midwife ☐ Certified Nurse-Midwife ☐ Licensed Physician

Student's Name: _____
(The student does not hold a current Texas midwife license.)

Client Consent:

By signing this form, I consent to the student named above providing the services indicated by my initials in the table above, under the direct supervision of the preceptor named above.

My consent remains in effect:

☐ For the duration of my current pregnancy, birth, and postpartum period.
☐ For a limited time period as indicated: _____ thru _____

Client signature: _____ Date: _____

Client's printed name: _____