

MATERNAL HEALTH PROGRAM
Family Health Bureau
2040 S. Pacheco
Santa Fe, New Mexico 87505

Phone: (505) 476-8908 or 8909
Fax: (505) 476-8941
Email: <rima.varela@state.nm.us>
<helen.moore@state.nm.us>

APPLICATION FOR MIDWIFERY STUDENT PERMIT

INSTRUCTIONS:

1. Read the Licensed Midwifery Rule, 11.16.3 NMAC.
2. Complete the application form. Sign before a notary public, who will notarize the signature.
3. Send with your application:
 - a) A copy of your High School diploma, GED, or higher education diploma.
 - b) Student/Instructor Relationship form for each of your preceptor/instructor(s). Make copies of the form if needed. If you add any instructor(s), send an additional completed Student/Instructor Relationship form for each when you do.
 - c) A non-refundable check or money order for \$50.00 written for Public Health Division.

Full Name _____ SS# _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Email Address _____
List states/countries you been licensed as a health care provider _____

Have you had any revocation, suspension or other disciplinary actions against a health care license in any state or country? Yes _____ No _____ . If Yes, explain on a separate sheet which state or country, type of license, type of disciplinary action, dates, and circumstances.

Signature _____ Date _____

NOTARY SECTION:

State of _____ County of _____
Subscribed and Sworn before me this _____ day of _____, 20____
(SEAL)

Notary Public _____ My Commission expires _____