

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 RENEWAL

INSTRUCTIONS:

1. Enclose a non-refundable check or money order for \$50.00 made out to Public Health Division.
2. Enclose a completed Student/Instructor Relationship form for any midwifery instructor(s) you have not already registered.

Full Name _____

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. (If you have given this information in a previous application, you need only write any update information.)

Signature _____ Date _____