

MATERNAL HEALTH PROGRAM
Family Health Bureau
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Santa Fe, NM 87505

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STUDENT / INSTRUCTOR RELATIONSHIP

Student's name

Instructor's name

Licensure

Address, city, state zip

Home phone

Work phone

Start date of student / instructor relationship

End date

Signature of student

Date

I will give supervision, instruction, guidance and evaluation in midwifery to the student named above. I am familiar with the New Mexico Regulations Governing the Practice of Midwifery, the New Mexico Midwifery Student Workbook, and the New Mexico Standards and Core Competencies for Licensed Midwives. I will assist the student to meet the requirements for becoming a New Mexico Licensed Midwife. I understand that I have final responsibility for the midwifery care given to clients seen by this student between the start and end dates above. My signature indicates my agreement to the responsibilities this paragraph delineates.

Signature of instructor

Date

NOTARY SECTION:

State of _____ County of _____

Subscribed and Sworn before me this _____ day of _____, 20 _____

(SEAL)

Notary Public _____ My Commission expires _____