

CASA de NACIMIENTO
1511 E. Missouri
El Paso, TX 79902
phone 915.533.4931 fax 915.533.2187
MIDWIFERY INTERNSHIP APPLICATION

NAME: _____ **A.K.A.:** _____ **DATE:** _____

ADDRESS: _____ **PHONE:** (hm) _____ (mess) _____

CITY: _____ **STATE/PROV:** _____ **COUNTRY:** _____ **ZIP:** _____

BIRTH DATE: _____ **AGE:** _____ **OCCUPATION** _____ **E-MAIL** _____

HAVE YOU EVER APPLIED TO THIS PROGRAM BEFORE ? Y / N EXPLAIN: (on back)

Elementary and High School Education: Highest Grade Completed _____ **year** _____

If you are not a high school graduate, do you have a GED? _____ **year** _____

College & Address	Dates	Major	Degree

MIDWIFERY TRAINING: Attach your curriculum outline and grades received

School: _____ **Years attended:** _____

Address: _____ **Phone:** _____

Degree or Certificate received: _____

INSTRUCTORS: _____

NUMBER OF BIRTHS ATTENDED:

1. **Primary Attendant** (supervised) _____

(unsupervised) _____

2. **Assisting** _____

3. **Labor Coach** _____

3. **Observe** _____

TOTAL: _____

OTHER TRAINING: CPR: Y / N Date of Certification: _____ **Expires:** _____

NEONATAL RESUSCITATION: Y / N Date of Certification: _____ **Expires:** _____

Other Emergency or "Medical" skills: _____

Have you ever been convicted of a felony? Yes ___ **No** ___ (If yes describe in full on the back of this form)

Do you have any conditions (physical or mental) which would seriously impair your ability to

participate in this program? Yes ___ No ___ If yes please explain: _____

What are your interests or hobbies? _____

Do you have a partner? Yes ___ No ___ His/Her Name: _____

Do you have any children? Yes ___ No ___ What are your children's names and ages? _____

How does your partner/family feel about your commitment of this much time away from home? _____

What have you done to accomplish your midwifery goals? _____

What areas in midwifery do you feel you need the most work in? What new techniques would you like to learn? _____

_____ Any
comments, or anything you would like to make CDN aware of? _____

What dates and lengths of time are you considering for your internship?

Length of time desired _____

When is your desired dates (at least two choices) _____

Please enclose the following with this application:

___ a current resume

___ a statement of your midwifery goals

___ two color passport photos

___ two letters of recommendation

___ non refundable application fee

(money order or cashiers check in US dollars)

I affirm that the information in this application is true and correct to the best of my knowledge. Furthermore, I understand that I am applying to a clinical internship and that this clinical rotation by itself will only satisfy the applicable "clinical skills" requirements of most regulating agencies and that it is not a MEAC or Texas "approved" complete midwifery program.

Signature _____

Date _____

Should you have any questions regarding this application, your acceptance or our program please contact us by telephone Monday thru Friday 10:00 a.m. to 4:00 p.m. M.S.T.