

INSTRUCTIONS TO COMPLETE THE GENERAL APPLICATION

Use this application if you are applying for the following programs: 1-Year Program, 3-Year Program, Clinical Placement, 6-Month Program, 18-Month Program, Introductory Practicum, Advanced Practicum, and Short-term Placements

Students are encouraged to submit their applications six months prior to the program starting date in order to ensure placement in the preferred class. However Maternidad La Luz has a rolling admissions policy and will consider later applications when space is still available.

- If you are applying for a short-term program (less than 3 months), please complete only parts 1 through 4.
- If you are applying for a 3-month or longer program, please complete the entire application.
- Please remember to include your application fee of \$75 in check or money order payable to Maternidad La Luz.
- Send your completed application to:

Maternidad La Luz
1308 Magoffin
El Paso, TX 79901
915-532-5895

- Ten days after you mail your application, please phone Maternidad La Luz to arrange for a telephone interview with a director and a student, and a brief interview in Spanish.

INSTRUCTIONS TO COMPLETE THE PRIOR LEARNING AND EXPERIENCE PROGRAM (PLEP) APPLICATION

- Please complete the entire PLEP Application and submit required professional licenses and other documents.
- Please arrange to have official transcripts sent from any midwifery schools that you attended.
- Please remember to include your application and audit fee of \$400 in check or money order payable to Maternidad La Luz.
- Send your completed application to:

Maternidad La Luz
1308 Magoffin
El Paso, TX 79901

- Once your application is complete, Maternidad La Luz will send a letter to inform the applicant that the application is complete and that an audit will begin.
- The audit will be completed within 6 weeks, and a letter sent of approval or denial to enroll in PLEP.

For further information about the California Challenge process and application, please call or write.

2010 – 2012 GENERAL APPLICATION TO MATERNIDAD LA LUZ

PART I

Name		Date	
Current Address			
City		State / Province	
Zip Code		Country	
Home Phone	Work Phone	Cell	e-mail
Permanent Address			
Emergency Contact (name, address, and phone number)			
Date of birth	Country of Birth	Citizenship	
Social Security Number			
Do you have a partner?			
Please list your children & their ages			
Who will be accompanying you?			
Personal health / Physical or other limitations			
Do you speak Spanish? _____ Please describe your level of comprehension and conversation.			
How did you hear about Maternidad La Luz?			
Did you visit Maternidad? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
Is there anything we should know about you that will affect your progress at Maternidad La Luz?			

PART 2: DATES & PROGRAM APPLYING FOR

I am applying for the:

- Accredited One-Year Core Program
- Accredited Extended One-Year Program
- Accredited One-Year Program plus Fifth Quarter Option
- Advanced Placement for the One-Year Program
- Accredited Three-Year Core Program
- Prior Learning and Experience Program
 - Advanced Placement into 3-Year Program
 - California Challenge
- Clinical Placement for Students from Accredited or State-approved Schools—3 months only
- Clinical Placement for Students from Accredited or State-approved Schools—6 months
- 6-Month Program (first and second quarters)
- 18-Month Program (One-Year Program plus 5th and 6th Quarters)
- Introductory Midwifery Practicum
- Advanced Midwifery Practicum (Dates: _____) Please note: If you wish to attend this practicum, you must contact MLL for further application documents.
- Short-term stay (Dates: _____)

Please check the starting date and year you wish to attend:

- March 1, 2011 September 1, 2011
- March 1, 2012 September 1, 2012

In case the session you are applying for is full, please indicate a preferred alternate date:

PART 3: LETTERS OF REFERENCE

Please provide three letters of reference using the form on the following page. At least one reference must be from a person who has supervised you in a work or school environment. If possible, one reference should be from a midwife or other healthcare professional. Please do not ask family members or partners to provide letters of reference. The referee may return the letter by mail or fax, or may put it in a sealed envelope signed across the flap so that you may return it with your application.



Maternidad La Luz

1308 Magoffin El Paso, Texas 79901
 Tel: (915) 532-5895 Fax: (915) 532-7127
 www.maternidadlaluz.com

LETTER OF RECOMMENDATION

Name of Applicant: _____

The above applicant has applied for admission to Maternidad La Luz, an accredited school of midwifery that offers a very rigorous program of study. There are certain qualities and skills that midwives should possess. We ask you to rate this applicant using the following scale. Please comment to clarify or amplify your assessment of these qualities and skills. You may write on the back of this sheet as well.

Outstanding	More than adequate	Slightly more than adequate	Adequate	Slightly less than adequate	Less than adequate	Inadequate	Not Applicable
7	6	5	4	3	2	1	NA

	7	6	5	4	3	2	1	NA	Comments
Honesty									
Commitment									
Compassion									
Initiative									
Flexibility									
Ability to work in a group									
Respect for diversity									
Academic ability									
Ability to cope with stress									
Ability to receive constructive criticism									
Professionalism									

Your name: _____ Date: _____

Your profession: _____

Relationship to applicant: _____

Length of time you have known this applicant: _____

Your telephone number: _____ e-mail address: _____

Thank you for taking the time to complete this letter of recommendation and supporting this applicant's pursuit of midwifery education. Please return this letter either by fax or postal mail to the address above.

PART 4: ASPIRATIONS FOR TRAINING AT MATERNIDAD LA LUZ

Please answer the following:

- What goals do you hope to accomplish by training at Maternidad La Luz?
- What are your plans after completing the program at Maternidad La Luz?

PART 5: ESSAY QUESTIONS

Please answer the following:

- Why do you want to be a midwife?
- Do you identify with any particular practitioner or author in the field of midwifery or obstetrics? Explain.
- What books about midwifery and related topics have you especially enjoyed and why?

PART 6

Please submit the following information:

- **Education:** Schools attended and degrees received, including proof of high school graduation or equivalent.
- **Other Education:** List any additional education, experience, special interests, seminars attended or taught; publications subscribed to; articles published.
- **Past Employment:** Brief description and dates employed
- **Midwifery / Health Experience:** Any relevant experience you feel will complement your training as a midwife.
- **Professional Licenses:** Certifications, credentials, and/or professional licenses.
- Copy of your driver's license and proof of automobile insurance
- Legal document with your date of birth (e.g., driver's license, birth certificate, or passport).
- Copy of your current adult and infant CPR card
- Proof of completion of a human anatomy and physiology course.

**2010 – 2012 MATERNIDAD LA LUZ APPLICATION
PRIOR LEARNING & EXPERIENCE PROGRAM**

PART I

Name		Date	
Current Address			
City		State / Province	
Zip Code		Country	
Home Phone	Work Phone	Cell	e-mail
Permanent Address			
Emergency Contact (name, address, and phone number)			
Date of birth	Country of Birth	Citizenship	
Social Security Number			
How did you hear about Maternidad La Luz? _____			
Have you visited Maternidad La Luz? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			

PART 2: DATES & PROGRAM APPLYING FOR

I am applying for the:

- PLEP California Challenge Process—dates to be scheduled at the convenience of applicant & MLL
- PLEP Advanced Placement into 3-Year Program—check the starting date you wish to begin
 - March 1, 2011 September 1, 2011
 - March 1, 2012 September 1, 2012

In case the session you are applying for is full, please indicate a preferred alternate date:

PART 3: EDUCATION

Check highest level of education attained:

_____ High School Graduate or equivalent

_____ Some College

Major: _____

College attended: _____

Dates attended: _____

_____ College Degree (specify) _____

Major: _____

College attended: _____

Dates attended: _____

_____ Graduate Degree (specify) _____

Major _____

University Attended: _____

Dates Attended: _____

PART 4: MIDWIFERY EDUCATION & APPRENTICESHIPS

1. Name of midwifery program or apprenticeship / clinical site

Address _____

Phone Number _____

e-mail _____

Contact person _____

Dates attended _____

Date graduated (if applicable) _____

2. Name of midwifery program or apprenticeship / clinical site

Address _____

Phone Number _____

e-mail _____

Contact person _____

Dates attended _____

Date graduated (if applicable) _____

3. Name of midwifery program or apprenticeship / clinical site

Address _____

Phone Number _____

e-mail _____

Contact person _____

Dates attended _____

Date graduated (if applicable) _____

4. Name of midwifery program or apprenticeship / clinical site

Address _____

Phone Number _____

e-mail _____

Contact person _____

Dates attended _____

Date graduated (if applicable) _____

5. Name of midwifery program or apprenticeship / clinical site

Address _____

Phone Number _____

e-mail _____

Contact person _____

Dates attended _____

Date graduated (if applicable) _____

6. Name of midwifery program or apprenticeship / clinical site

Address _____

Phone Number _____

e-mail _____

Contact person _____

Dates attended _____

Date graduated (if applicable) _____

CPM earned via: MEAC-accredited school PEP

Date CPM granted:

Expiration date:

Date of NARM written exam:

Date of NARM practical exam (PEP only):

PART 5: RELATED HEALTH AND OTHER EXPERIENCE

- **Related Health Experience:** On a separate sheet of paper or in a resume, please describe any relevant experience you feel complements your training as a midwife.
- **Past Employment:** Briefly describe any other work experience.

PART 6: ABOUT YOUR MIDWIFERY PRACTICE

1. Are you currently in practice as a primary midwife? Yes No

2. How many years have you been a midwife? _____

3. How many births have you attended as a primary midwife? _____

4. How many births have you attended unsupervised? _____

5. How many home births have you attended? _____

6. How many birth center births have you attended? _____

7. How many hospital births have you attended? _____

8. How many births have you attended as a midwife? _____

9. How many births have you attended in total? _____

10. Are you intending to practice after completing the MLL PLEP?

Yes No If so, Where? _____

11. Are you currently licensed or certified as a midwife? Yes No

If yes, by: government agency (specify) _____

State/provincial professional organization (specify) _____

12. How would you characterize your practice setting? (rural, urban, isolated, etc.)

13. Describe where and how you would like to practice midwifery upon completion of this program.

PART 7: LETTERS OF REFERENCE

Please provide three letters of reference from former or current midwifery preceptors. The letters may be enclosed with your application in a sealed envelope or the referees may mail or fax the letter directly to Maternidad La Luz. The following must be included in the letter of reference:

- Name, title, and credentials
- Contact information
- Relationship to you
- Years known
- Strengths
- Weaknesses

PART 8: PROFESSIONAL LICENSES & OTHER DOCUMENTS

Please provide a copy of each of the following:

- CPM
- Other credentials and/or professional licenses
- Official transcripts from all midwifery programs attended
- CPR
- Legal document with your date of birth and photo (e.g., driver's license, passport)

PART 10: FOR PLEP ADVANCED PLACEMENT INTO THE 3-YEAR PROGRAM APPLICANTS ONLY

Do you speak Spanish? _____ Please describe your level of comprehension and conversation.
Do you have a partner?
Please list your children & their ages
Who will be accompanying you?
Personal health / Physical or other limitations
Is there anything else we should know about you that will affect your progress at Maternidad La Luz?
Please provide copies of the following: <ul style="list-style-type: none">• Valid driver's license• Car insurance• High school diploma or equivalent• Certificate of completion or transcript of a human anatomy and physiology class or course