

## INSTRUCTIONS TO COMPLETE THE APPLICATION

Use this application if you are applying for any Maternidad La Luz program except for the California Challenge. If applying for the California Challenge, please download the California Challenge Handbook that includes the application, forms, and policies from our website: [www.maternidadlaluz.com](http://www.maternidadlaluz.com).

Students are encouraged to submit their application 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.

- Please complete the entire application unless you are applying for a short-term program (less than 3 months), then complete only parts 1 through 4.
- Please remember to include your non-refundable 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.

**2012 – 2014 MATERNIDAD LA LUZ APPLICATION**

**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 18-Month Program
- Accredited Three-Year Program
- Advanced Placement for the Three-Year Program
- 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)
- 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:

- |  |  |
|--|--|
| <input type="checkbox"/> March 1, 2012 | <input type="checkbox"/> September 1, 2012 |
| <input type="checkbox"/> March 1, 2013 | <input type="checkbox"/> September 1, 2013 |
| <input type="checkbox"/> March 1, 2014 | <input type="checkbox"/> September 1, 2014 |

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

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## **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:

- **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 including apprenticeships, 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.
- Check or money order of \$75 for non-refundable application fee.

#### **PART 7: Advanced Placement into the 1-Year or 3-Year Program**

Please submit the Advanced Placement Packet with this application.