

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.

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.

2017– 2018 MATERNIDAD LA LUZ APPLICATION

PART I

Current <u>Legal</u> Name			Date
Other Names Used (nicknames, maiden names, chosen names, etc.)			
Street 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 / Anything we should know about you that will affect your progress at Maternidad La Luz?			
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 _____			

PART 2: DATES & PROGRAM APPLYING FOR

I am applying for a MEAC-Accredited Program:

- Accredited One-Year Immersion Program
 - Intend applying to 18-Month Program upon completion of 1-Year Program
 - Intend applying to Three-Year Program upon completion of 1-Year Program

I am applying for the following program that is not MEAC-accredited:

- NARM Phase I Program (Dates: _____)
- NARM Phase II & III Program
- Short-term stay (Dates: _____)

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

- March 1, 2017 September 1, 2017
- March 1, 2018 September 1, 2018

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.
- Describe why a school that works with primarily Spanish-speaking women on the US-Mexico border is the best fit for your midwifery education.
- Describe the skills and experiences you will bring to MLL and how you will contribute to the class.

PART 6

Please submit the following:

- **Education:** Schools attended and degrees received, including proof of high school graduation or equivalent, or college graduation.
- **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.
- **Certificate of Doula Training**
- **Clinical experiences completed:** If you are doing PEP or another midwifery program, please include copies of any forms that you have signed off.
- **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 American Heart Association or American Red Cross adult and infant CPR card
- Proof of completion of a human anatomy and physiology course (or proof of enrollment)
- Check or money order of \$75 for non-refundable application fee.

PART 7: BIRTHS AS AN OBSERVER

Name _____

Document attendance at birth in any setting in any capacity (observer, doula, family member, friend, beginning apprentice, etc.). These births may be verified by any witness who was present at the birth.

For the client code, use the client’s initials and EDD (mm/dd/yy). For the birth site: HM = home, BC = birth center, HL = hospital, and O = other (car, outside, etc.). Add OOC in addition to the location if the birth was outside of the US or Canada.

Birth #	Client Code	Date of Birth	Planned Setting for Birth	Actual Site of Birth	Your role	Witness’s Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						