

INSTRUCTIONS TO COMPLETE THE APPLICATION PROCESS

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 3-month or longer program, please complete the entire application.
- If you are applying for a short-term program (less than 3 months), please complete only parts 1 through 4.
- 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

- 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.

2010 – 2011 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 else 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 Program
- Accredited Extended One-Year Program
- 18-Month Program
- Accredited Three-Year Program
- Advanced Placement
- Clinical Placement for Midwifery Students Program—3 months only
- Clinical Placement for Midwifery Students Program—6 months
- 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, 2010 September 1, 2010
- March 1, 2011 September 1, 2011

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

PART 3: LETTERS OF REFERENCE & PROOF OF AGE

Please provide three references including name, address, phone number and relationship to you. At least one reference must be from a person who has supervised you in a work environment. If possible, one reference should be from a midwife. Only one reference may be from a family member.

Please submit a legal document with your date of birth (e.g., driver's license, birth certificate, or passport).

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
- Copy of your current adult and infant CPR card
- Proof of date of birth
- Proof of completion of a human anatomy and physiology course.