

THE MATERNIDAD LA LUZ CLINICAL PLACEMENT AGREEMENT

Upon acceptance to MLL, students will be sent the clinical placement agreement (found on the next page) between Maternidad La Luz and the student. The agreement provides information important for the applicant to know before deciding to attend MLL. If students need clarification on any point in the agreement, they are encouraged to call MLL and ask to speak to a Director. Students must read and sign the clinical placement agreement and return it with the fee deposit.

INSTRUCTIONS TO COMPLETE THE APPLICATION

Students are encouraged to submit their application four to six months prior to clinical placement starting date in order to ensure clinical placement. 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, then complete only parts 1 through 3.
- If you wish to be considered for an MLL scholarship, please complete the relevant essay questions. Your application must be received at least two months prior to the requested start date in order to be considered for any scholarship
- Please remember to include your non-refundable application fee of \$150 in check or money order payable to Maternidad La Luz. Application fee can be mailed or paid with a credit card or debit card (there is a fee for the use of a credit care or debit card).
- Send your completed application in the following ways:

By mail to:

Maternidad La Luz
1308 Magoffin Avenue
El Paso, TX 79901

Or by email to:

maternidadlaluz.academic@gmail.com

- Maternidad La Luz will contact you once the application is reviewed to schedule the telephone interviews, which include both and English and Spanish components.

2020 - 2021 MATERNIDAD LA LUZ APPLICATION

PART I

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|----------------|
| Current Legal Name | | Date | |
| Other Names Used (nicknames, maiden names, chosen names, etc.) | | | |
| Street Address | | City | State/Province |
| Zip Code | | Country | |
| Home Phone | Work Phone | Cell | Email |
| Permanent Address | | | |
| Emergency Contact (name, address, and phone number) | | | |
| Date of Birth | Country of Birth | Citizenship | |
| Will you be at least 18 years old on the first day of shadow orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please choose a shadow orientation when you will be 18 years old or older.) | | | |
| Last 4 digits of Social Security Number | | | |
| 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 La Luz? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ | | | |

PART 2: CLINICAL START DATES & PROGRAM APPLYING FOR

I am applying for the following clinical start date and program:

Start Date:

- October 1, 2020**
- November 4, 2020**
- December 1, 2020**
- January 4, 2021**
- February 1, 2021**
- March 1, 2021**
- April 5, 2021**
- May 3, 2021**
- June 7, 2021**
- July 5, 2021**
- August 2, 2021**
- September 6, 2021**
- October 4, 2021**
- November 1, 2021**
- December 6, 2021**

Program (choose all that apply)

- NARM Phase I**
- NARM Phase II**
- NARM Phase III**
- NARM Phase IV**
- MEAC Student (other school)**
- Spanish Immersion**
- NARM Preceptor Program**

You must have completed NARM Phase I and II to enroll in NARM Phase III.

You must have completed NARM Phase I, II, and III to enroll in NARM Phase IV.

You must have completed all the NARM requirements to enroll in the preceptor program.

Short-term stay (Dates: _____)

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 clinical placement to Maternidad La Luz, a free-standing, TX-licensed birth center that provides an intensive midwifery experience. 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 the 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 |

| Quality | Rating | Comments |
|---------------------------------------------------|------------------|----------|
| Honesty | 7 6 5 4 3 2 1 NA | |
| Commitment | 7 6 5 4 3 2 1 NA | |
| Compassion | 7 6 5 4 3 2 1 NA | |
| Initiative | 7 6 5 4 3 2 1 NA | |
| Flexibility | 7 6 5 4 3 2 1 NA | |
| Ability to work in a group | 7 6 5 4 3 2 1 NA | |
| Respect for diversity | 7 6 5 4 3 2 1 NA | |
| Ability to cope with stress | 7 6 5 4 3 2 1 NA | |
| Ability to offer & receive constructive criticism | 7 6 5 4 3 2 1 NA | |
| Professionalism | 7 6 5 4 3 2 1 NA | |

Your name: _____ Date: _____ Your profession: _____

Relationship to applicant: _____ How long have you known this applicant: _____

Your telephone number: _____ Email address: _____

May we share your letter of recommendation with the applicant if they ask? Yes No

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

PART 4: 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 birth center whose clients are primarily Spanish-speaking women on the US-Mexico border is the best fit for your midwifery clinical placement.
- Describe the skills and experiences you will bring to MLL and how they will contribute to our clients, the midwives, and your cohort.

PART 5: SCHOLARSHIP

- If you would like to be considered for a partial MLL person of color or resident of El Paso student midwife scholarship, please answer the following questions in addition to those above:
 - Who is the population you wish to serve as a midwife?
 - What are your midwifery plans after you complete your midwifery program?
(please note: this is a partial, 3-month scholarship, awarded to one person per year)

PART 6: SUPPORTING DOCUMENTATION

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 Licences:** Certifications, credentials, and/or professional licenses.
- Copy of your driver's license and proof of automobile insurance if applying for NARM Phase III, IV, or preceptor program
- 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
- Check or money order of **\$150** for non-refundable application fee.