MATERNIDAD LA LUZ STUDENT APPLICATION 2022

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| **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. * Please remember to include your non-refundable application fee of $150. We accept credit/debit cards, checks payable to Maternidad La Luz, money orders, and paypal. Application fee can be mailed or paid via pay pal. * 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](mailto: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. |

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| **2022-2023 MATERNIDAD LA LUZ APPLICATION** |

**PART I**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Legal Name | | | | Date | |
| Other Names Used (nicknames, maiden names, chosen names, etc.) | | | | Preferred Pronouns | |
| 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 orientation?   □ Yes □ No (If no, you must be at least18 years old on the first day of orientation.) | | | | | |
| 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? □ Yes □ No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**PART 2: CLINICAL START DATES & PROGRAM APPLYING FOR**

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

|  |  |
| --- | --- |
| **Start Week:**   * **January 2, 2022** * **February 6, 2022** * **March 6, 2022** * **April 3, 2022** * **May 1, 2022** * **June 5, 2022** * **July 3, 2022** * **August 1, 2022** * **September 4, 2022** * **October 2, 2022** * **November 6, 2022** * **December 4, 2022** * **January 1, 2023** * **February 5, 2023** * **March 5, 2023** | **Program (choose all that apply)**   * **NARM Phase I** * **NARM Phase II** * **NARM Phase III** * **NARM Phase IV** * **MEAC Student (other school)** * **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.

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| --- | --- | --- |
| Picture 9 |  | 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: 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.