

**International Birth and Wellness Project
Midwifery Training and Certification Program
Enrollment Application Form**

Enrollment Session: September 2010 / January 2011

Name: _____ Birth Date: _____ Ethnic Background: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you CPR Certified: Yes No Are you NRP Certified (Neonatal Resuscitation): Yes No

Are you a mother? If so, please share your birth experience.

Please list any preceptors, time in apprenticeship, and skills accomplished therein.

Please list contact information for any preceptors.

Please list all midwifery related classes, workshops, certificates, etc.

How many births have you attended as a doula, apprentice, primary under supervision?

What is the highest level of school completed: _____

Please list your clinical skills completely and rate your level of experience (beginning/intermediate/advanced).

Please list your future goals as related to this field.

Are you a US Citizen? Yes No If not, what is your country of origin?

Do you have a valid US Passport. Yes No

Please list all the languages you speak/write/comprehend.

Please list your international travel experience.

Please write an essay explaining why you would like to become a midwife. (500 words or less)

I certify the above information to be true.