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Licensed by: NM Commission on Higher Education
Accredited by: Midwifery Education Accreditation Council

Application for Admission Associate of Science Degree in Midwifery

Revised 7/15/09

Please print clearly

Date of Application: _____ Proposed Dates for Course of Study: _____ - _____
MM/DD/YY

Student Name: _____ Birth Date: _____
First Middle Last MM/DD/YY

Student Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Ethnicity (optional): _____

Preceptor Name/s:
Preceptor 1 _____

Preceptor 2 _____

Preceptor 3 _____

*Please send in all application materials in the same package.
Incomplete applications are discarded after 30 days.*

Documentation Checklist:

Student

- ___ Application for admission
- ___ High school diploma/GED/ or equivalent
- ___ ASM Contract
- ___ \$100 Non-Refundable Application fee
- ___ \$4,900—2008-administrative fee
- ___ Two passport-sized photos

Preceptor

- ___ Faculty Application
- ___ 3 references for preceptor
- ___ copy of preceptor's current certification/license
- ___ floor plan for academic and clinical space to be used
- ___ equipment and restocking checklist for clinical facility
- ___ safety standards
- ___ Preceptor's CV/resume
- ___ Oversight Form
- ___ Copy of highest academic degree