



Nizhoni
Institute of Midwifery

"Raising the Standards of Midwifery"

**Application for Regular Admission
Midwifery Education Program
2016**

3944 Murphy Canyon Road Suite C-200 San Diego, CA 92123
Telephone (858) 694-8194 Email nizhoni@nizhoniinstitute.edu
www.nizhoniinstitute.edu

Section I

Date of Application: _____

Name: _____

Other surnames previously used: _____

Date of Birth: _____

Gender: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Previous Educational Experience:

1. Name of High School and Location: _____

If you did not complete high school, indicate high school equivalency route and date completed: _____ Date: _____

If you do not have proof of high school graduation or equivalency, or if you completed high school education in another country, please contact Nizhoni Institute for specific information regarding admission to the program.

2. List any post-secondary educational programs you have attended and dates of attendance:

3. **Required classes completed.** Please attach transcripts for the following classes: Anatomy and Physiology, Micro Biology and Medical Terminology

Section I - cont.

4. List any completed academic degrees you have earned and the institutions from which they were obtained: _____

5. List any professional licenses and/or certifications you hold and indicate the state, province or country in which they are held: _____

6. Have you ever had a professional license revoked or suspended? Yes No

7. Have you ever voluntarily surrendered a professional license? Yes No

If yes, please explain: _____

8. Have you ever been convicted of a felony? Yes No

If yes, please explain, and include your current status with regard to the court system.

Be advised in advance of your application to Nizhoni Institute of Midwifery, that state healthcare licensing boards perform criminal background and fingerprint checks of midwifery licensure applicants. An applicant who has been convicted for crimes against persons, drug-related activity, custodial interference, healthcare fraud and crimes relating to financial exploitation, including the misuse of public funds, may be prevented from obtaining a midwifery license in the state(s) in which they desire to practice. If you have questions, contact your state licensing authority for clarification of their policies concerning criminal history prior to making application to this program.

9. What is your employment status and where are you currently employed? Yes No

10. Can your current employer accommodate your schedule, including on-call time as a student midwife? Yes No

11. Do you speak a foreign language and, if so, which one(s)? Yes No

1. _____ Fluency Level: _____ 2. _____ Fluency Level: _____

12. Can your current employer accommodate your schedule, including on-call time as a student midwife? Yes No

Section II

On a separate paper, please respond to the following questions in essay form:

- 1.** Why do you want to be a midwife?
- 2.** What do you perceive the role of a midwife to be?
- 3.** What is your vision of your future midwifery practice? Be as specific as possible.
- 4.** What is the status of your health? Have you ever had a serious physical or psychiatric problem? If yes, please explain.
- 5.** Do you have a spouse or partner? How does your significant other feel about your desire to enter a midwifery education program and the commitment involved?
- 6.** If you have given birth, describe how your personal birth experiences have influenced your decision-making with regard to midwifery.
- 7.** Did you breastfeed your children and if so, for how long?
- 8.** Have you attended homebirths or births in a freestanding birth center? Have you been to hospital births? In what capacities have you attended these births?
- 9.** Do you use recreational drugs or alcohol? What do you use, and how often?
- 10.** Do you have a car in good running condition? If not, how do you plan to go to births?
- 11.** Are you presently employed? Describe your primary plan and a back-up plan for meeting your financial obligations for your educational process at Nizhoni.
- 12.** Do you speak a foreign language? How did you acquire this skill? Do you have a hobby?
- 13.** In what classes, study groups, or other health-related activities have you been involved? Have you had training as a doula? As a childbirth educator?
- 14.** What is your most difficult barrier to becoming a successful midwife?
- 15.** What do you perceive your primary learning style to be (auditory, kinesthetic, visual)?
- 16.** Describe the strengths you bring to your studies and the gifts you bring to the practice of midwifery.

Section III

Please follow these steps to complete the application process:

1. Provide a copy of your high school diploma or transcript, G.E.D. certificate, California High School Proficiency Examination (CHSPE) certificate, or other state-recognized documentation of high school equivalency. The Bureau for Private Postsecondary Education and the North American Registry of Midwives require that all students provide proof of high school education or its equivalency. *If you do not have proof of high school graduation or equivalency, or if you completed high school education in another country, please contact Nizhoni Institute for specific information regarding admission to the program.*
2. Request that any and all post-secondary educational programs or institutions you attended to send the **official transcripts directly from the institution** to:

**Nizhoni Institute of Midwifery
3944 Murphy Canyon Rd. Ste. C200
San Diego, CA 92123**

3. Provide copies of diplomas, certificates and any professional licenses you currently hold. If you hold current certifications in Basic Life Support, Advanced Life Support, Neonatal Resuscitation Program, Pediatric Advanced Life Support, etc., please include these also.
4. Please attach a resume, curriculum vitae, or history of your employment during the last ten years.
5. Make **three copies** of the Professional Reference Form and send one to each of three professional and/or academic references who can attest to your capabilities regarding this program and your personal integrity. *References will not be accepted from individuals who are related to you in any way.* ***PLEASE NOTE: THE PROFESSIONAL REFERENCE SECTION IS LOCATED AT THE END OF THIS APPLICATION (PAGES 5 AND 6 – Please Print Both Pages).**
6. Include two passport-quality photographs of yourself and a non-refundable application fee of \$50.00 (check or money order) made payable to Nizhoni Institute of Midwifery.
7. Upon completing your application, *please make a copy for yourself*. Send the original to:

**Nizhoni Institute of Midwifery
3944 Murphy Canyon Rd. Ste. C200
San Diego, CA 92123**

Nizhoni Institute of Midwifery Professional Reference Form

Section A: To be completed by the Applicant

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their own educational records. However, students may waive their right of access to recommendations. The applicant's choice regarding this recommendation is indicated below.

**Failure to sign the form constitutes a waiver of the applicant's right to review this reference.*

I waive my right to review the contents of the following recommendation.

I do not waive my right to review the contents of the following recommendation.

Signature: _____ **Date:** _____

Name of Applicant: _____
(Please print) **Last** **First** **M.I.** **Maiden**

Section B: To be completed by individual providing the Professional Reference

Name of Professional Reference: _____

Personal Attributes	4 Outstanding	3 Above Average	2 Average	1 Below Average	N Not Observed
Intellectual curiosity					
Dependability					
Open-mindedness					
Flexibility					
Sensitivity to change					
Self-confidence					
Performance under stress					
Assertiveness					
Personal integrity					

Professional Skills	4 Outstanding	3 Above Average	2 Average	1 Below Average	N Not Observed
Problem-solving aptitude					
Accountability					
Decision-making skills					
Acts independently					
Understands limitations					
Seeks appropriate assistance					
Communicates clearly					
Trustworthiness					

Section B: Nizhoni Institute of Midwifery Professional Reference Form - cont.

Applicant's Name: _____

1. How long and in what capacity have you known the applicant?
2. Would you seek out this individual to provide health care for you or your family during a pregnancy? Yes No
Please explain.
3. Please comment on the applicant's ability to work collaboratively and professionally with:
 - a. Clients:
 - b. Peers:
 - c. Other Health Care Professionals:
4. Additional comments:

Name of Reference: _____
Last First

Nature of your relationship to applicant: _____

Professional Title and/or Licensure: _____

Address: _____

Email Address: _____

May we contact you by telephone? Yes No Preferred Number: _____

Signature: _____ Date: _____

Thank you for the time and consideration you have given to this reference. **Please sign the back across the envelope's seal and return this form directly to:**

**Nizhoni Institute of Midwifery
3944 Murphy Canyon Rd. Ste. C200
San Diego, CA 92123**