## NEW MEXICO MIDWIFERY STUDENT / INSTRUCTOR RELATIONSHIP FORM

	Date of Birth	SSN	
Instructor's name	Lice	License Info/Number (State and/or National)	
Address, city, state zip			
Cell phone		Work/other phone	
Start date of student / instru	actor relationship	End date	
Signature of student		Date	
(CNM), or certified midwir midwifery care; Have an additional t beyond entry-level CPM re Have 10 continuity	a LM, certified professional fe (CM) and am a licensed person was a series of experience after quirements; of care births beyond entry-inmum of 10 out-of-hospital	rovider by a state or jur credentialing or proof level CPM requirements	isdiction to provide of 50 primary births s; AND
above. I am familiar with the	ruction, guidance, and evalune New Mexico Regulations Workbook, and the New M	Governing the Practice	of Midwifery, the Nev
Licensed Midwives. I will a Licensed Midwife. I unders	stand that I have final respor on the start and end dates ab	nsibility for the midwife	ning a New Mexico ry care given to clients
Licensed Midwives. I will a Licensed Midwife. I unders seen by this student between	stand that I have final respor on the start and end dates ab	nsibility for the midwife	ning a New Mexico ry care given to clients
Licensed Midwives. I will a Licensed Midwife. I unders seen by this student betwee the responsibilities this particle.  Signature of instructor	stand that I have final respor on the start and end dates ab	nsibility for the midwife ove. My signature indic  Date	ning a New Mexico ry care given to clients ates my agreement to

Notary Public \_\_\_\_\_\_ My Commission expires \_\_\_\_\_