

**NEW MEXICO MIDWIFERY
STUDENT / INSTRUCTOR RELATIONSHIP FORM**

Student's name _____ Date of Birth _____ SSN _____

Instructor's name _____ License Info/Number (State and/or National) _____

Address, city, state zip _____

Cell phone _____ Work/other phone _____

Start date of student / instructor relationship _____ End date _____

Signature of student _____ Date _____

I certify that I:

Am credentialed as a LM, certified professional midwife (CPM), certified nurse-midwife (CNM), or certified midwife (CM) and am a licensed provider by a state or jurisdiction to provide midwifery care;

Have an additional two years of experience after credentialing or proof of 50 primary births beyond entry-level CPM requirements;

Have 10 continuity of care births beyond entry-level CPM requirements; AND

Have attended a minimum of 10 out-of-hospital births as primary midwife in the last two years.

I will give supervision, instruction, guidance, and evaluation in midwifery to the student named above. I am familiar with the New Mexico Regulations Governing the Practice of Midwifery, the New Mexico Midwifery Student Workbook, and the New Mexico Standards and Core Competencies for Licensed Midwives. I will assist the student to meet the requirements for becoming a New Mexico Licensed Midwife. I understand that I have final responsibility for the midwifery care given to clients seen by this student between the start and end dates above. My signature indicates my agreement to the responsibilities this paragraph delineates.

Signature of instructor _____ Date _____

NOTARY SECTION:

State of _____ County of _____

Subscribed and Sworn before me this _____ day of _____, 20 _____

(SEAL)

Notary Public _____ My Commission expires _____