Name:_____

Mailing address:_____

Email address: _____

Phone:_____

Applicant for Member position (check one):

- ☐ Licensed Midwife, actively practicing
- ☐ Licensed Midwife, not actively practicing
- ☐ Certified Nurse-Midwife, actively practicing
- ☐ Certified Nurse-Midwife, not actively practicing
- ☐ M.D. or D.O., actively practicing
- ☐ Student Nurse-Midwife
- ☐ General public member

I am interested in serving on the: LM Advisory Board ☐ CNM Advisory Board ☐

Please describe why you are inspired to join the advisory board, your relationship to midwifery, and any special qualifications you may have.

A diverse Board is necessary to effectively guide midwifery practice and regulation in New Mexico. Please briefly describe the agencies, organizations, lived experiences, identities, or communities (ethnic/cultural/geographic) that you would represent as a member of the LM/CNM Advisory Board.

Please describe any experience you may have with community organizing, reproductive justice, anti-racism, and/or health equity work.

Are you, or have you been, involved with state or national midwifery organizations or maternal/ perinatal, infant/child, and/or reproductive/sexual health organizations (as a member or leader)?
Yes ☐ No ☐
If so, please share what organization(s) and your involvement.

Do you provide direct patient/client care? Yes ☐ No ☐
If so, where do you practice? (Geographic location and practice name)

Do you have any direct experience with NM Medicaid (as a provider or coverage holder)?
Yes ☐ No ☐
If you provide direct client/patient care, please indicate if you are currently enrolled as a Medicaid provider and accept Medicaid reimbursement for your services.

If appointed, I agree to serve a minimum of one three-year term, with the option to renew once (note: except for student member, who may only serve one term).

Signature Date

You may attach a resume to this application (optional).
Return by email to: katrina.nardini@doh.nm.gov