



MICHELLE LUJAN GRISHAM  
Governor

DAVID R. SCRASE, M.D.  
Acting Cabinet Secretary

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
- 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.

**PUBLIC HEALTH DIVISION**

1190 St. Francis Dr., Suite 1050 • P.O. Box 26110 • Santa Fe, New Mexico • 87502  
(505) 827-2389 • FAX: (505) 827-2329 • www.nmhealth.org

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.

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Signature

Date

**You may attach a resume to this application (optional).**

**Return by email to: [katrina.nardini@state.nm.us](mailto:katrina.nardini@state.nm.us)**