

*Nizhoni Institute of Midwifery  
Holistic Midwifery Studies*

**Application for Program Admission**

**Personal Information:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Mailing address, if applicable: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

**Previous Educational Experience:**

Name of high school, location and dates of attendance:  
\_\_\_\_\_

Date of graduation or date you obtained your GED: \_\_\_\_\_

If you were homeschooled, please submit a portfolio sample of your work. Please specifically include samples of writing.

List any postsecondary educational programs, colleges or universities you have attended and dates of attendance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request that each postsecondary educational program you have attended send an official transcript to the following address:

Nizhoni Institute of Midwifery  
3802 Alameda Way  
Bonita, CA 91902

List any completed academic degrees you have earned and the institutions from which they were obtained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any professional licenses and/or certifications you hold. Indicate the state, province or country in which they are held and whether or not they are current: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a professional license revoked or suspended? Have you ever voluntarily surrendered a professional license? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Why do you want to be a midwife?

Describe your perception of the midwife's role among women and families in a community.

Describe your vision of your future midwifery practice. What population would you serve? What goals do you wish to accomplish? Be as specific as possible.

What is the current status of your health?

How do your significant others feel about your desire to become a midwife and the level of commitment involved?

How have your personal birth experiences impacted your decision-making regarding midwifery?

If you have experience attending births, discuss your experiences of birth in the settings in which you have attended them.

Do you use any recreational drugs or alcohol? What do you use, and how often?

Do you have reliable transportation? If not, how do you plan to get to births?

What do you do to relax?

What classes, study groups or other health-related activities have you been involved in?

Have you had training as a doula? As a childbirth educator?

What do you perceive to be your biggest obstacle in becoming a successful midwife?

What strengths do you bring to your studies?

What gifts do you bring to the practice of midwifery?

What do you expect to gain from the Nizhoni Institute of Midwifery program?

Provide the names, addresses and phone numbers of three professional and/or academic references who can attest to your capability regarding this program and your personal integrity. *These references cannot be individuals who are related to you in any way.*

Upon completing your application, please make a copy for yourself. Send the original to:

Nizhoni Institute of Midwifery  
3802 Alameda Way  
Bonita, CA 91902

Please include two passport-quality photographs of yourself and a non-refundable application fee of \$35.00 (check or money order) made payable to *Nizhoni Institute of Midwifery*.