



Twentieth Century Midwives – Student Interview Project

STUDENT APPLICATION FOR PARTICIPATION

INSTRUCTIONS: Complete this form and email it to the A.C.N.M. Foundation at fdn@acnm.org

Student Demographic Information

Student Name (first/last): _____

Current Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ ACNM member number (required): _____

Email Address: _____

Midwifery School: _____

Name of Supporting Faculty Member: _____

Supporting Faculty Member's email address: _____

Expected Midwifery School Graduation Date (MM/YYYY): _____

Choose one of the following options		
_____	Option #1	<p>Match me with a midwife from the project database.</p> <p>Specific requests for the matching process (e.g. geographic location, travel distance, etc): _____</p> <p>_____</p>
_____	Option #2	<p>I am requesting approval to interview the following senior midwife:</p> <p>Name (first/last): _____</p> <p>Date of Birth (MM/DD/YYYY): _____</p> <p>Current Address: _____</p> <p>City: _____ State: _____ Zip code: _____</p> <p>Telephone: _____</p> <p>Email Address: _____</p> <p>Midwifery School: _____</p> <p>Midwifery School Graduation Date (MM/YYYY): _____</p>

I have reviewed the project instructions and information packet and agree to the terms of participation in the 20th Century Midwife Student Interview Project. I agree to keep the project coordinator apprised of my progress and understand that I must notify the project coordinator, if for any reason, it becomes necessary for me to withdraw from the project prior to completion.

Student Signature: _____ **Date:** _____