**With Women for a Lifetime Commendation**

**Nomination Form**

This honor recognizes midwifery practices that have provided innovative and compassionate midwifery care to families, expanded access to women's health care as provided by certified nurse-midwives and/or certified midwives, and put the heart of midwifery into practice. Every midwifery practice is eligible to apply for one silver (at least ten years of service), one golden (at least twenty years of service) commendation, and one platinum (at least 40 years of service) commendation.

**Eligibility Requirements:**

* Longevity: the practice is at least 10 years old, more than 20 years old or more than 40 years old
* Education: the service has participated in the teaching / precepting of students or residents for at least 50% of the time the service has been open
* All CNM/CM members of the practice must be current ACNM members in good standing
* Evidence the practice has put the heart of midwifery into practice by providing innovative/unique programs for women and has expanded access to care by engaging in community outreach efforts

**Instructions:**

1. Complete the information below
2. Include a letter describing how the practice meets the above criteria.
3. Additional letters of recommendation are optional
4. Send these to your regional representative for review and verification of ACNM membership
5. Please indicate if you are planning an event around the presentation of this award (the nomination should be sent in 6-8 weeks before the event)
6. The midwifery practice will receive a certificate and a copy of the ACNM poster "The Heart of Midwifery".

**Practice Information**

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Practice Opened:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as it will appear on the certificate)

Names of all CNMs in the Practice:

**Event Information**

Is a special event planned for this award? Yes\_\_\_\_ No\_\_\_\_ If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_