



<b>[Licensure by Endorsement</b>	<b>Yes/ No</b>		
<b>High School Diploma or Equivalent</b>			
<b>Communications Classes</b> College Level Math (3 credits) & English (3 credits) <b>OR</b> <b>CLEP Credit</b>			
<b>Certificate / Diploma of Midwifery</b> (translated into English if applicable)			
<b>License /Documentation of Eligibility to Practice in Country translated into English</b> (translated into English if applicable)  Current: yes/ no Unrestricted: yes/ no			
<b>CPM Obtained</b> <b>Current: yes/ no</b>			
<b>Other Verifiable Sources</b>			
<b>Admissible to a Four Month Pre-licensure Course per Department of Health CLM</b>			

APPLICANT NAME: \_\_\_\_\_

MIDWIFERY SCHOOL: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_