

# Midwifery Institute of America

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## ENROLLMENT REGISTRATION

### CORRESPONDENCE SCHOOL

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET OR BOX # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

E-MAIL \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

#### EDUCATION:

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

OTHER SCHOOLS,  
TRAINING, OR COURSE WORK \_\_\_\_\_

Check if you have ever successfully completed any of the following courses:

High School Biology

College Biology

High School Chemistry

College General Chemistry  # of semesters \_\_\_\_\_

Anatomy & Physiology

Organic Chemistry  # of semesters \_\_\_\_\_

We do not require students to apply for the Correspondence School, however your answers to the following questions will help us to know how we can best serve you. Please answer all questions as completely as possible. If you need more space, please attach an additional sheet of paper.

- 1) **Have you ever given birth yourself? If so, please state number of births, and relevant circumstances.**
- 2) **Have you ever been present at someone else's birth? If yes, please comment on the circumstances and your impressions.**
- 3) **Do you have any experience in midwifery? If yes, please explain.**
- 4) **Why are you interested in midwifery?**
- 5) **Do you know any midwives personally?**
- 6) **Have you been influenced by a friend or family acquaintance to enter midwifery? If so, by whom, and how?**
- 7) **Have you investigated the legalities of traditional midwifery in your state?**
- 8) **What do you expect to receive from M.I.A.?**
- 9) **What are your plans after completion of the midwifery course?**
- 10) **What books have you already read that pertain to midwifery?**

***TO ENROLL IN THE CORRESPONDENCE COURSE SEND THIS COMPLETED FORM AND A CHECK OR MONEY ORDER FOR \$500.00 MADE PAYABLE TO MIDWIFERY INSTITUTE OF AMERICA TO THE ADDRESS ON THE FRONT.***