

**AMERICAN COLLEGE OF NURSE-MIDWIVES
APPLICATION FOR ADVANCEMENT TO ACNM FELLOWSHIP**

Name of Candidate (as it will appear on Certificate if elected):

Credentials (as it will appear on Certificate if elected): _____

Mailing Address: _____

Telephone: Home: _____ Work: _____

E-mail address: _____

Current Midwifery Licensure/Permit: State and # _____

Current Midwifery Employment Status:

Clinical Practice _____ Education _____ Inactive _____

Non-midwifery Related Employment _____ Retired _____

Year Certified by the ACNM or ACC: _____ Certificate # _____

ACNM Membership Status:

Active _____ Associate _____ Lifetime _____

Years of Active Membership in the ACNM (please give actual dates): _____

Candidate's Signature: _____

Date: _____

Instructions:

1. Complete Application (original work only)
2. Attach current CV
3. Attach letters of support (maximum of two in addition to the letter by the Sponsor)
4. Attach \$50. check (non-refundable application fee) payable to ACNM/FACNM
5. Send to Fellow who has agreed to serve as your Sponsor (members of the FACNM Board of Governors are not eligible to serve as a Sponsor)

CRITERIA

Please address the following sections which reflect the criteria for election. Use separate pages if necessary. Do not simply respond “See CV”. The criteria are weighted in the order of the listing and in accord with the percentage in parentheses with ACNM/AMCB services as most important. The categories are not mutually exclusive , however, an accomplishment can only be used to satisfy one criterion. It is the candidate’s responsibility to demonstrate how the criteria were met over and beyond employment expectations.

I. ACNM/AMCB leadership on national or international levels: (30%)

II. ACNM leadership on regional, state, and/or local levels: (20%)

III. Pioneering, innovative, and/or unique contributions to midwifery clinical practice, education, or care of women, infants, families, and communities on local, state, regional, national and/or international levels: (20%)

IV. Contributions to professional growth of midwifery through precepting/mentoring, scholarly endeavors, publications, or research on local state, regional, national and/or international levels: (15%)

V. Other significant contributions to perinatal or women’s health care or to health care policy on local, state, regional, national and/or international levels: (15%)

TO BE FILLED OUT BY FACNM SPONSOR AND BY REGIONAL GOVERNOR

A Fellow may Sponsor only one nominee per year. A Sponsor must support the candidate.
Members of the Board of Governors may not sponsor applicants for Fellowship.

Sponsor's Name: _____ Year of Induction: _____

Sponsor's Address: _____

Sponsor's Telephone: Home: _____ Work: _____

Sponsor's e-mail address: _____

I, the undersigned, propose _____

for advancement to Fellowship. I am attaching a letter of support which includes information concerning the candidate's qualifications regarding the criteria for consideration by the Board of Governors. My level of support is checked below:

I strongly endorse this candidate: _____

I endorse this candidate without reservations: _____

I endorse this candidate with reservations: _____

(Any reservations should be stated in your letter of support and/or discussed with the Regional Governor.)

Sponsor's Signature: _____

Date: _____

Instruction: Complete this section of the application. Send entire application and attachments sent you by the candidate, plus your letter of support, to the Regional Governor who represents the applicant's region.

Regional Governor's Name: _____ Region #: _____

Regional Governor's Signature (indicates that the application is complete): _____ Date: _____

Comment: _____

Instruction: Complete this section of the application. Send entire application, attachments, and letters to the Chair of the Board of Governors.