**Midwifing Midwives for a Lifetime Commendation**

**Nomination Form**

This honor recognizes midwifery education programs that have educated midwifery studnets, increased access to midwifery education through innovation and service, and put the heart of midwifery into their education program. Every ACNM DOA or ACME accredited midwifery / nurse-midwifery education program is eligible to apply for one silver (at least ten years of provision of education), one golden (at least twenty years of provision of education) commendation, and one platinum (at least 40 years of provision of education) commendation.

 **Eligibility Requirements:**

* Longevity: the program is at least 10 years old, more than 20 years old or more than 40 years old
* Innovativeness: the program has examples of innovative teaching methods of midwifery education
* Increased Access: the program has diversified its applicant pool
* Service: the heart of midwifery permeates the curriculum and faculty and students have participated in community outreach efforts to increase access to care of women
* All CNM/CM faculty must be ACNM members

**Instructions:**

1. Complete the information below
2. Include a letter describing how the program 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 program will receive a certificate and a copy of the ACNM poster "The Heart of Midwifery".

**Program Information**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Names of all CNM/CM Faculty:

**Event Information**

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

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