

**School of Health Professions**

**Midwifery Program**

**Application Form**

**International Women’s Health Care Policy Course**

Applying for the course in **YEAR**

**Student ID# (if applicable):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | |  | | | | | First Name: | | |  | | | Middle: | | |  | |
| If you have educational records under a different name, give former name(s): | | | | | | | | | | | | | | | | | | |
| Home Phone: | |  | | | | | | Cellular Phone: | | | |  | | | | | | |
| E-mail Address: | |  | | | | | | | | | | | | | |  | | |
| Mailing Address: Street: | | | |  | | | | | | | | | | | Apt. #: | | |  |
| City: | | | | | | State: |  | | | Zip Code: | | | Country : | |  | | | |
| Emergency Contact: Name: | | | | |  | | | | | | | | Phone #: | |  | | | |
| Street: |  | | | | | | City: | |  | | | | State & Zip Code: | |  | | | |

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| Status: | Choose an item. | | | Other: specify visa category (F-1, H-1, etc.) | | | | | | |  |
| Passport #: | | | Date & Place of Issue: | | | |  | | | | |
| If you are not a U.S. citizen, indicate country of origin: | | | | | |  | | | | | |
| Length of Residence in New York State (Years) | | | | |  | | Sex: | | Choose an item. | | |
| Place of Birth: | |  | | | Date of Birth | | |  | | | |
| If you wish to identify yourself as a member of an ethnic/racial group, | | | | | | | | | | Choose an item. | |

## State University of New York Downstate Medical Center

450 Clarkson Avenue, Box 1227, Brooklyn, NY 11203-2098 • Tel. 718-270-7740/41 Fax 718-270-7634

web: http://www.downstate.edu/CHRP/midwifery/index.html

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| **From what source were you made aware of this course?** | Choose an item. |

**In approxiamtely 500 words explain your interest in the host country’s health policy and your plans for the application of knowledge acquired by enrolling in the course.**

|  |
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| List any honors you have received: |
| List professional organization memberships: |
| List any community activities in which you have participated: |
| Except for minor traffic violations, were you ever convicted of any violation of the law? Choose an item.  If yes, please attach a page with an explanation. |

|  |  |
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| I certify that the information here is complete and correct to the best of my knowledge. | |
| Signature: | Date: Click here to enter a date. |