

## BIRTHING WORKFORCE RETENTION FUND

**Application Deadline: Must be received via email or postmarked by USPS by 10/31/2021**

### **STEP 1 OF 4: Please fill in this page legibly or type.**

Applicant Name \_\_\_\_\_

Clinical Practice or Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Amount requested (must be between \$5,000 and \$10,000) \_\_\_\_\_

Calendar Year	Number of NM Medicaid and Indigent Patient Deliveries you attended	% of total deliveries attended	Number of NM Non- Indigent Patient Deliveries (private insurance, non-indigent self-pay)	% of total deliveries attended	Total of payments and other funding received for all deliveries
2020					\$

Individual Malpractice Premium Amount for Calendar Year 2020 \$ \_\_\_\_\_

State of New Mexico Vendor Number (if you have one) \_\_\_\_\_

The above information and the enclosed documents are accurate to the best of my knowledge. If awarded, my intention is to continue to practice full scope maternity care in NM, including deliveries, for at least one year following the award. I understand that I may not use this award towards any tail coverage policy, and I will apply this award only to my individual malpractice insurance policy.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**PUBLIC HEALTH DIVISION**

**NOTICE: This page lists additional required documentation to include with your application. Incomplete applications will not be considered.**

**STEP 2 OF 4: Please submit the following along with your application:**

1. A copy of your current malpractice liability insurance declaration page showing coverage including birthing services.
2. Convincing evidence of the number of NM Medicaid and indigent patients you have delivered in the previous year.  
**(DO NOT SEND PHI/PI, PLEASE DE-IDENTIFY)**
3. Convincing evidence of the number of NM privately insured patients and non-indigent self-pay patients you have delivered in the previous year.  
**(DO NOT SEND PHI/PI, PLEASE DE-IDENTIFY)**
4. Convincing evidence of all payments and any funding you have received for delivery services for the previous year.
5. Convincing evidence that you provide both prenatal and birthing services in your practice.
6. (Optional) Any additional information in support of your application for this award.

**STEP 3 OF 4:**

**Complete a NM Substitute W-9 form and return with application. Applications submitted without a W-9 form will be considered incomplete.**

**Step 4 of 4:**

**Mail or email completed application and supporting documents to:**

Birthing Workforce Retention Fund  
Maternal Health Program  
Attn: Javier Rotunno  
2040 S. Pacheco  
Santa Fe, NM 87505  
[javier.rotunno@state.nm.us](mailto:javier.rotunno@state.nm.us)