



BIRTHING WORKFORCE RETENTION FUND

APPLICATION FORM: **Application Deadline: 11/11/18**

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

Provider's Name _____
 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	Number of NM Non- Indigent Patient Deliveries <i>(private insurance, non-indigent self pay)</i>	% of total	Total of Payments and other funding received for all deliveries
2017					\$

(Please complete the table above with total amounts)

Individual Malpractice Premium Amount for Calendar Year 2017 \$ _____

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

(Submit enclosed W-9 form for vendor and submit with application)

The above information and the enclosed documents are accurate to the best of my knowledge. My intention if awarded is to continue to practice OB care in NM for one year following the award. I will not use this award towards any tail coverage policy, and I will work with my employer to ensure that this award is applied to my individual malpractice insurance policy.

Signature

Date

NOTICE: The following pages list additional required documentation to include with your application. Incomplete applications will not be considered.

STEP 2 OF 4: Enclose with this form the following required information:

1. A copy of your current New Mexico license to practice certified nurse-midwifery or medicine.
2. A copy of your current malpractice liability insurance declaration page showing coverage including birthing services.
3. Convincing evidence of the number of NM Medicaid and indigent patients you have delivered in the previous year. (Must be 50% or more to qualify)
(DO NOT SEND PHI/PI, PLEASE DE-IDENTIFY)
4. 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)
5. Convincing evidence of all payments and any funding you have received for delivery services for the previous year.
6. Convincing evidence that you provide both prenatal and birthing services in your practice.
7. (Optional) Any additional information in support of your application for this award.

STEP 3 OF 4:

Complete the attached W-9 form and return with application. Applications with no W-9 form attached will be considered incomplete. W-9 must signed in ink, no electronic signature.

Step 4 of 4:

Mail or email form and documents to:

Birthing Workforce Retention Fund
Maternal Health Program
Attn: Jessi Sanchez
2040 S. Pacheco
Santa Fe, NM 87505
Ph: 505-476-8907
jessi.sanchez@state.nm.us