



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
NURSE MIDWIFE LICENSURE
VERIFICATION OF PHARMACOLOGY COURSEWORK

TO BE COMPLETED BY APPLICANT

Applicant should forward this form to the educational institution where pharmacology coursework for nurse-midwifery practice was completed.

Name: _____
Last First Middle Maiden

Name of educational institution: _____

Address: _____
No. & Street City State Zip Code

TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY

The applicant listed above is applying for nurse-midwifery licensure in Connecticut. Please provide the following information regarding pharmacology instruction in the nurse-midwifery educational program or in a post-graduate program for nurse-midwifery. Do NOT include pharmacology instruction in the basic nursing program.

Did this individual satisfactorily complete at least thirty (30) hours of theory and clinical instruction in pharmacology for nurse-midwifery practice: Yes No .

Dates of candidate's course attendance: from _____ to _____

Comments: _____

Name of Dean or Director

Date

Signature

Telephone Number

Thank you for your assistance.

Please return to:
Department of Public Health
Nurse-Midwife Licensure
410 Capitol Avenue MS# 12APP
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7603