



**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