

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

REQUEST TO ADD SUPERVISOR TO SUPERVISION PLAN

TO: College of Midwives of British Columbia
ATTN: Supervision Panel of the Registration Committee

Name of Conditional Registrant: _____

Name of Principal Supervisor: _____

I request the approval of the Supervision Panel to add General registrant/Physician* ,
_____ as a supervisor to my supervision plan because

Name of General registrant/physician*

Signature of Conditional registrant

Date

I am willing to supervise the above named Conditional registrant and be added as a supervisor to her supervision plan if approved by the Supervision Panel.

My comments: _____

Signature of General registrant/Physician*

Date

I am aware of the above request and agreeable to it. My comments: _____

Signature of Principal Supervisor

Date

* delete as appropriate