

POLICY ON CHANGE OF PRACTICE AND PERSONAL CONTACT INFORMATION

A registrant must immediately notify the College of Midwives of BC (CMBC) of any changes to practice contact information, change of hospital privileges (where applicable), and updates to the home birth transport plan (where applicable) by submitting the following notification form to CMBC. Practice contact information is published publicly in CMBC's Register. Personal contact information, if changed, must be updated by the registrant through the Members Login on CMBC's website. Personal contact information provided by the registrant is for CMBC internal use only.

CHANGE OF PRACTICE CONTACT INFORMATION	
Registrant's Name:	Registration #:
Effective Date of Change: <div style="text-align: center; margin-top: 5px;"> _____ day month year </div>	
Practice Name:	
Practice Address:	
Practice Telephone:	Practice Fax:

Hospital Privileges <i>(completion of this section is required for all changes of practice)¹</i>
<input type="checkbox"/> There will be no change to my hospital privileges; OR <input type="checkbox"/> My hospital privileges will change or have changed: <div style="margin-left: 40px;">I currently hold hospital privilege(s) at (include all existing and new sites): Hospital(s) and Category of Privileges²:</div> <div style="margin-left: 40px;"> _____ _____ _____ </div> <div style="margin-left: 40px; margin-top: 20px;">I am applying for hospital privilege(s) at (include all sites): Hospital(s) and Category of Privilege:</div> <div style="margin-left: 40px;"> _____ _____ </div>

Home Birth Transport Plan <i>(this section is required to be filled out for all changes of practice)</i>
<input type="checkbox"/> I will continue to use the home birth transport plan(s) currently on file with CMBC after this change of practice; OR <input type="checkbox"/> I will be using or establishing a new home birth transport plan after this change of practice. Please check one or both of the following where applicable: <div style="margin-left: 40px;"> <input type="checkbox"/> I already have been granted privileges at the hospital(s) for which I will be using the new home birth transport plan(s) and I will submit a copy of the home birth transport plan(s) to CMBC within two weeks from the effective date of this change of practice. <input type="checkbox"/> I will submit a copy of the home birth transport plan(s) to CMBC within two weeks of being granted privileges at the hospital(s). </div>

¹ Hospital privileging information may be shared with the Home Birth Supply Program.

² Indicate whether you have been granted/are applying for Temporary, Locum, Provisional Active, Associate or Scientific/Research privileges.