COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

APPLICATION FOR MIDWIFE REGISTRATION OR REINSTATEMENT OF MIDWIFE REGISTRATION

IMPORTANT INSTRUCTIONS

1. Provide all information requested in the application. Attach extra pages if insufficient space is provided on the forms. Please ensure any extra pages are clearly labelled with your name, the question number to which the information pertains and numbered in sequence.
2. Sections where supporting documentation is required are indicated. Submit all required documentation to support your application. If any of your official documentation is in a language other than English, you must also provide a notarized translation from a translator approved by College of Midwives of British Columbia (CMBC).
3. You are required to review CMBC's Registrant's Handbook and self-learning Orientation to Regulated Midwifery Practice in BC document and to take and pass the BC Jurisprudence Examination prior to registration. You are exempted from this requirement if you have written and passed the examination within the past 3 years.
4. You must complete a criminal record check. Instructions on how to complete a Canadian criminal record check and, if applicable, an international criminal record check will be provided to you upon receipt of your application.
5. You must have professional liability insurance coverage in place before registration. This can be obtained by contacting the Midwives Association of BC (MABC).
6. You must successfully complete the Opioids and Benzodiazepines: Safe Prescribing for Midwives Course. If you are applying through the *Canadian Free Trade Agreement* (CFTA), you may choose to complete the course before or after registration is granted. If you do not complete the course prior to registration, you will be granted Conditional registration. To register for the course, please go HERE.
7. **Competency Requirements**: You are required to submit proof of your completion of or certification in the following competencies:
   - Fetal Health Surveillance (FHS): Please include a copy of proof of completion of an in-person FHS workshop taken within 24 months prior to your intended registration date.
   - Neonatal Resuscitation (NRP)*:* Please include a copy of proof of completion of a NRP course that meets the requirements as set out in CMBC's *Policy on Continuing Competency in NRP*.
   - Cardiopulmonary Resuscitation (CPR)*:* Please include a copy of the certification that meets the CMBC requirements as set out in CMBC's *Policy on Continuing Competency in CPR*.
   - Emergency Skills Workshop (ESW): Please include a copy of certification that meets the CMBC requirements as set out in CMBC's *Policy on Continuing Competency in Emergency Skills*.
8. If you are applying through the CFTA for Non-Practising registration, you are not required to provide proof of professional liability insurance, current certification in NRP, CPR and Emergency Skills from CMBC acceptable programs or certification in the prescription of controlled substances unless you intend to return to practice immediately after registration
9. Sections 7 (Disclosure of Past Proceedings), 8 (Authorization) and 9 (Statutory Declaration) must be printed and signed. See these sections for further detail.

Full Name of Applicant: _____

SECTION 1: APPLICATION CATEGORY

A. Registration (please select one or more of the following as applicable if this is your first time applying for registration with CMBC)

1. I am:

☐ A graduate from the _____(University) midwifery education program which is recognized by CMBC[1].

I graduated or am expected to graduate on _____(dd/mm/yy)

☐ Currently registered in _____(Canadian jurisdiction(s)) and am applying for registration under the Canadian Free Trade Agreement (CFTA)[2].

I have been registered since _____(dd/mm/yy)

☐ A full-time faculty member of the _____(University) midwifery education program[3] which is recognized by CMBC.

My current faculty appointment started on _____(dd/mm/yy)

2. I am requesting a registration start date of _____(dd/mm/yy) *and am applying for the following class of registration:*

☐ General

☐ Temporary with an intended end date of _____(dd/mm/yy)

☐ Conditional

☐ Non-Practising[4] with an intended return to practice date of _____(dd/mm/yy)

B. Reinstatement of Registration

☐ *I am a former CMBC Registrant requesting a registration start date of* _____*(dd/mm/yy)* *and am applying for the following class of registration:*

☐ General

☐ Temporary with an intended end date of _____(dd/mm/yy)

☐ Temporary (Limited Scope) with an intended end date of _____(dd/mm/yy)

☐ Conditional (Return to Practice)

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[1] CMBC recognized programs include the UBC Midwifery Program and Internationally Educated Midwives Bridging Program, Ontario Midwifery Education Program offered by Laurentian, McMaster and Ryerson Universities, and the Mount Royal University Midwifery Program.

[2] In accordance with CFTA, CMBC will register midwives in the registration class equivalent to their status in the jurisdiction of origin.

[3] See Schedule 3 of the *Bylaws for College of Midwives of British Columbia*.

[4] Only applicants under CFTA may apply for Non-practising registration.

Full Name of Applicant: _____

SECTION 2: PERSONAL INFORMATION

A. Identification

Surname: _____ First Name: _____

Middle Name(s): _____

Preferred Name on Registration Certificate: _____

Gender: ☐ **F** ☐ **M** Date of Birth: _____ (dd/mm/yy)

Supporting Documentation Required: Please enclose a copy of government issued photo identification. If you are submitting photo identification for subsection E (i.e. a passport) this will suffice.

B. Former Names

Have you ever been known by any other names? ☐ Yes ☐ No

*If **yes**, please complete:*

Previous Surname(s) and Given Name(s): When did you use this name from/to?

_____ _____

_____ _____

Supporting Documentation Required: You must submit proof of a name change (i.e. a marriage certificate) if any of your documentation is in a different name from the one you are using now.

C. Indigenous Status (This subsection is optional and can be filled out if you wish to self-identify as an indigenous person.)

Are you an Indigenous person? ☐ Yes ☐ No

If **yes**, which Indigenous band and/or nation do you belong to? _____

D. Current Contact Information

Street Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: _____ Cell #: _____ Email: _____

E. Authorization to Work in Canada (Pursuant to the *Bylaws for College of Midwives of British Columbia,* you must be either a Canadian citizen or have the authorization to reside and work in Canada).

Are you a Canadian citizen? ☐ Yes ☐ No

If **no**, do you have the authorization to reside and work in Canada? ☐ Yes ☐ No

Supporting Documentation Required: If you are a Canadian citizen, please enclose a copy of your birth certificate, or citizenship card, or Canadian passport. If you are not a Canadian citizen, please enclose proof of the authorization to reside and work in Canada, i.e. a copy of your permanent resident status or work permit.

Full Name of Applicant: _____

SECTION 3: EDUCATION *(Applicants applying for reinstatement of registration are not required to fill out this section.)*

A. Midwifery Education Program[5] (To be filled out only if you have completed any midwifery education programs and/or midwifery bridging programs which are not recognized by CMBC, either internationally or in Canada)

1. Name of Program: _____

   Name of School: _____

   Jurisdiction/Country where recognized: _____

   Length of Program: _____ Graduation Date: _____

   Degree, Diploma or Certificate Granted: _____

2. Name of Program: _____

   Name of School: _____

   Jurisdiction/Country where recognized: _____

   Length of Program: _____ Graduation Date: _____

   Degree, Diploma or Certificate Granted: _____

Supporting Documentation Required If you are applying for registration upon graduation from a CMBC recognized midwifery education program or recognized bridging program for internationally educated applicants**,** please:

- ☐ Attach a copy of your midwifery diploma or other proof of graduation;
- ☐ Arrange for your midwifery program to forward your Record of Clinical Experience to CMBC; and
- ☐ Arrange for your University to forward your official transcript to the CMBC.

B. Canadian Midwifery Registration Examination (CMRE) (This subsection applies to applicants who are applying for registration upon graduation from a CMBC recognized midwifery education program or a recognized bridging program.)

Please fill out the following regarding the CMRE:

- ☐ I have registered to take the CMRE on the following date: _____
- ☐ I have passed the CMRE and I have requested that my results be provided to the CMBC.
- ☐ I have passed the CMRE and the CMBC has my results.

C. Nursing Program (To be filled out if you have additional nursing education.)[6]

Name of Program: _____

Name of School: _____

Jurisdiction/Country where recognized: _____

Length of Program: _____ Graduation Date: _____

Degree, Diploma or Certificate Granted: _____

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5 For applicants applying for registration under the CFTA, this information is requested for the purposes of maintaining the CMBC database only and does not pertain to the registration process.

6 This information is requested for the purposes of maintaining the CMBC database only and does not pertain to the registration process.

Full Name of Applicant: _____

SECTION 4: MIDWIFERY REGISTRATION

A. Registration in Other Canadian Jurisdictions

Are you currently or have you ever been registered to practice midwifery with any other Canadian province or territory?

☐ Yes ☐ No

If **yes**, please list all provinces or territories where you are currently or have previously been registered:

1. Canadian Province or Territory where registered: _____

   Date of registration: _____ to: _____

   Current Class of Registration: _____

2. Canadian Province or Territory where registered: _____

   Date of registration: _____ to: _____

   Current Class of Registration: _____

3. Canadian Province or Territory where registered: _____

   Date of registration: _____ to: _____

   Current Class of Registration: _____

Did you meet the new Registrant requirements in any of the province(s)/territories you are currently or have previously been registered in? ☐ Yes ☐ No ☐ Unknown

If **yes**, in which province(s)/territories have you met the new Registrant requirements?

_____

Supporting Documentation Required: Please enclose a copy of your most recent Certificate of Registration for any province where you are currently or have most recently been registered.

B. Registration Outside of Canada[7]

Are you currently or have you ever been licensed/certified/registered to practice midwifery in a jurisdiction outside Canada?

☐ Yes ☐ No

If **yes**, please list all countries where you are currently or have previously been registered:

1. Country/State or Province where registered: _____

   Registering/Regulating body: _____

   Dates of Registration: _____ to: _____

2. Country/State or Province where registered: _____

   Registering/Regulating body: _____

   Dates of Registration: _____ to: _____

[7] For applicants applying for registration under the CFTA, this information is requested for the purposes of maintaining the CMBC database only and does not pertain to the registration process.

Full Name of Applicant: _____

SECTION 5: CLINICAL EXPERIENCE[8]

A. Clinical Experience/Active Practice

Check off the boxes below that apply:

☐ I have met the clinical experience requirements for General registration and my Record of Clinical Experience is being forwarded by _____ (*required for new graduates and those who have completed a bridging program for internationally-trained midwives only*).

☐ I have met the active practice requirements for the province of_____ for the past _____ year(s).

B. Clinical Experience Numbers

Fill in all of the boxes with your clinical experience numbers for the past five years from the date of your application:

Attended In a Regulated Jurisdiction in Canada				***Other***
Births Attended in an **Out-Of-Hospital** *setting as Principal Midwife*[9] (no transfer of care)	*Births Attended in* **Hospital** *as Principal Midwife*[9] (no transfer of care)	*Births Attended as a Midwife* **with Continuity**[10]	***Total Births*** *Attended as a Midwife (both principal and second midwife)*	***Total Births*** *Attended in a Regulated Jurisdiction Outside of Canada*

C. Verification

If you are applying for reinstatement of registration, you must ask one of your referees, preferably a midwife with whom you have practiced directly, to verify your clinical experience over the past five years for us.

☐ I have asked _____ to verify my clinical experience numbers for the CMBC and if CMBC does not receive this verification they can be contacted directly at:

Email: _____ Phone: _____

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8 For applicants applying for registration under the CFTA or applying for reinstatement of registration, clinical experience information is requested for the purposes of crediting your Canadian midwifery experience towards BC active practice requirements after registration.

9 A midwife who, in her practice or as a part of her education program, is the most responsible care provider for a woman during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn and managing the third stage of labour, unless there were clinical indications for transferring care to a physician.

10 For applicants applying for registration under the CFTA or applying for reinstatement of registration, continuity of care means the provision of midwifery services during the antepartum, intrapartum and postpartum periods, to a client.

Full Name of Applicant: _____

SECTION 5: CLINICAL EXPERIENCE CONTINUED *(Attach extra copies of this page as required.)*

D. Clinical Experience by Practice Site (Applicants applying under the CFTA are not required to fill out the number of births attended as a principal midwife in this subsection)

Beginning with the most recent, please list all of your clinical practice sites in the past five years.

1. Practice Name: _____

   Practiced from: _____ to: _____

   Practice Contact: _____ Telephone #: _____

   Country: _____ #of births Attended as Principal Midwife: _____
2. Practice Name: _____

   Practiced from: _____ to: _____

   Practice Contact: _____ Telephone #: _____

   Country: _____ #of births Attended as Principal Midwife: _____
3. Practice Name: _____

   Practiced from: _____ to: _____

   Practice Contact: _____ Telephone #: _____

   Country: _____ #of births Attended as Principal Midwife: _____
4. Practice Name: _____

   Practiced from: _____ to: _____

   Practice Contact: _____ Telephone #: _____

   Country: _____ #of births Attended as Principal Midwife: _____

E. Hospital Privileges (Does not apply to new graduates of recognized midwifery education programs*)*

Beginning with the most recent, please list all hospitals where you have held privileges in the past five years.

1. Hospital: _____

   Privileged from: _____ to: _____

   Hospital Contact: _____ Telephone #: _____
2. Hospital: _____

   Privileged from: _____ to: _____

   Contact Person at Hospital: _____ Telephone #: _____
3. Hospital: _____

   Privileged from: _____ to: _____

   Hospital Contact: _____ Telephone #: _____
4. Hospital: _____

   Privileged from: _____ to: _____

   Hospital Contact: _____ Telephone #: _____

Full Name of Applicant: _____

SECTION 6: PROFESSIONAL AFFILIATIONS[11]

Have you ever been licensed/certified/registered to practice any other health care professions in British Columbia or any other jurisdictions?

☐ Yes ☐ No

If **yes**, please list all health care regulatory bodies and professional associations where you have ever been a registrant/member:

1. Professional Body: _____
   Member from: _____ to: _____
   Address: _____
2. Professional Body: _____
   Member from: _____ to: _____
   Address: _____
3. Professional Body: _____
   Member from: _____ to: _____
   Address: _____
4. Professional Body: _____
   Member from: _____ to: _____
   Address: _____
5. Professional Body: _____
   Member from: _____ to: _____
   Address: _____
6. Professional Body: _____
   Member from: _____ to: _____
   Address: _____

[11] For applicants applying for registration under the CFTA, this information is requested for the purposes of maintaining the CMBC database only and does not pertain to the registration process.

Full Name of Applicant: _____

SECTION 7: DISCLOSURE OF PAST PROCEEDINGS *(Must be printed, signed by you and signed/sealed by a Canadian Notary Public. Original copy must be mailed to CMBC.)*

In accordance with CMBC *Bylaws*, to apply for registration or reinstatement of registration you must disclose all information that relates to you and your practice of midwifery, or is otherwise relevant to the safe and ethical practice of midwifery, regardless of where the event took place.

Do any of the following situations or circumstances apply to you?

1)	☐ Yes	☐ No	a finding of professional misconduct, incompetence or incapacity by a regulatory authority[12],
2)	☐ Yes	☐ No	an investigation in process with a regulatory authority,
3)	☐ Yes	☐ No	a reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint,
4)	☐ Yes	☐ No	an agreement to an undertaking made by consent with a regulatory authority,
5)	☐ Yes	☐ No	a dismissal for cause by an employer,
6)	☐ Yes	☐ No	a denial of registration by a regulatory authority,
7)	☐ Yes	☐ No	a voluntary resignation of your registration on the request or advice of a regulatory authority,
8)	☐ Yes	☐ No	any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest,
9)	☐ Yes	☐ No	a coroner's investigation, inquiry or inquest that is in process,
10)	☐ Yes	☐ No	a denial, suspension, restriction or modification of hospital admitting privileges or permit to practice,
11)	☐ Yes	☐ No	a voluntary resignation of hospital privileges on the request or advice of a hospital or health authority administration,
12)	☐ Yes	☐ No	a professional liability insurance claim,
13)	☐ Yes	☐ No	any pending civil/criminal action, a notice of claim, and/or settlement or judgement in any civil/criminal law suit where the applicant is a party,
14)	☐ Yes	☐ No	a conviction in relation to any federal or provincial offence, and
15)	☐ Yes	☐ No	a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs ability to practice midwifery.

If you checked Yes to any of the above, list on a separate piece of paper all incidents that relate to the relevant disclosure requirement. Include the nature of complaint or incident, the date of the incident, names and addresses of individuals, institutions, agencies or professional organizations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable include a comprehensive summary addressing what you learned and the ways in which any deficits in ethics, clinical practice or preparation revealed by the matters disclosed have been remedied.

Failure to disclose any information of any previous, present, or pending matter may result in your application being rejected or revocation of your certificate to practice.

Witnessed at _____ on this _____ day of _____, 20____.

_____ _____

Applicant's Signature *Signature of Notary*

_____

Full Name or Official Stamp of Notary

[12] "Regulatory authority" means a regulatory college, professional association or governmental body that regulates a profession.

Full Name of Applicant: _____

SECTION 8: AUTHORIZATION *(Must be printed and signed by you and a witness over 19 years of age. May be faxed, scanned to email or mailed to CMBC.)*

I hereby authorise the College of Midwives of British Columbia (CMBC) to make such inquiries about me or the services I have provided as it considers appropriate in connection with this application for registration or reinstatement of registration made by me.

I authorise my Midwifery Education Program or any regulatory college for midwifery in a province where I have been registered, any hospital or health authority where I have held privileges, any of my clients, employers, associates or any other person or organisation which CMBC may approach as applicable related to my education or professional practice to release information about me or the health care services I have provided. I agree that any communication between CMBC and other persons pertaining to this application shall be privileged and I waive any right of disclosure to me of such confidential information.

I further authorise CMBC to disclose information about me or the services I have provided to other regulatory authorities, hospitals and other institutions to which I may apply for registration or appointment.

I understand that several agencies in BC will also require information about me after I am registered. I therefore further authorise CMBC to disclose my personal information, usually limited to my date of birth and gender, to those agencies. These agencies include but are not limited to relevant departments dealing with province-wide perinatal programs at Children's and Women's Health Centre, C.H. Wills Newborn Screening Laboratory, LifeLabs, Health Insurance BC, Ministry of Finance and Corporate Relations (Risk Management), Ministry of Health (Blood & Lab Services), Ministry of Health (Provider Registry System), Pharmacare, St. Paul's Laboratory and the Vital Statistics Agency.

I understand that any information provided by me or any other person or organisation in this application may be used by CMBC to assess my eligibility for registration at any stage of the application/registration process.

I further understand that any false or misleading statement or representation made by me in this application may disqualify me from registration or may be cause for revocation of any registration which is granted to me.

Witness:

_____
Full Name (please print)

_____
Address

_____
Signature

_____ _____ _____
Day *Month* *Year*

Applicant:

_____
Full Name (please print)

_____
Signature

_____ _____ _____
Day *Month* *Year*

Full Name of Applicant: _____

SECTION 9: STATUTORY DECLARATION *(Must be printed and signed by you and a witness over 19 years of age. May be faxed, scanned to email or mailed to CMBC.)*

I, _____
Full Name

of _____
Street Address

in the Province / Territory *(circle one)* of _____
Name of Province or Territory

do solemnly declare that:

1. I am the person making application for registration with the College of Midwives in the Province of British Columbia.

2. I have read, understood and signed the application to which this declaration is attached.

3. I am a person of good character.

4. I, having read the *Health Professions Act,* the *Midwifery Regulation* and *Bylaws for College of Midwives of British Columbia* in force, will comply with the *Health Professions Act,* the *Midwifery Regulation*, *Bylaws* and standards of practice of CMBC if CMBC grants me registration.

5. I hereby declare that the information contained in the application to which this declaration is attached is true and complete to the best of my knowledge and belief.

Witness:

_____
Full Name (please print)

_____
Address

_____
Signature

_____ _____ _____
Day *Month* *Year*

Applicant:

_____
Signature

_____ _____ _____
Day *Month* *Year*

Appendix II - REFERENCES

INSTRUCTIONS FOR COMPLETION OF REFERENCE FORMS

Your three professional referees, who will complete your letters of reference, must be either (a) a midwife currently registered or licensed in a regulated jurisdiction in Canada (b) a perinatal or maternity nurse currently registered in Canada, or (c) a physician currently licensed in Canada. At least one reference must be from a midwife registered or licensed in Canada. It is also acceptable to submit references from three registered midwives. Each referee must have observed your practice as a **midwife** or as a **student midwife** within the past five years in a regulated jurisdiction in Canada and must not be related to you. One of your referees must be able to verify your clinical experience numbers to meet the registration requirements. This can be done by a separate letter and enclosed with the returned reference form.

The enclosed reference forms should be completed and returned by the referee directly to the College of Midwives of BC (CMBC) as follows:

1. Please print your name and the name of the referee at the top of the reference form and indicate the referee's professional designation.

2. Sign the top of each form in the appropriate space, giving your referee authority to provide confidential information to CMBC.

3. Attach a passport-sized photograph of yourself taken within the past year to each form by stapling the photograph to the top of the form.

4. Ask each referee to sign the back of the photograph certifying that it is a true likeness of you.

5. Ask each referee to complete the form (all remaining sections) and return it directly to CMBC.

6. Follow up with referees to ensure that they have mailed the completed reference forms directly to the CMBC. Do not have referees return reference forms to you – this will invalidate them.

PLEASE NOTE: It is essential that all of the above instructions be complied with to avoid delay in processing your application.

File No. _____

REFERENCE FORM FOR APPLICANTS FOR REGISTRATION

PLEASE ATTACH A PASSPORT-SIZED PHOTOGRAPH TAKEN WITHIN THE LAST 6 MONTHS AND CERTIFIED BY THE REFEREE TO BE A TRUE LIKENESS OF YOU, THE APPLICANT

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA
#900 – 200 Granville Street, VANCOUVER, B.C. V6C 1S4
Tel: (604) 742-6558 Fax: (604) 357-1867

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT _____

NAME OF REFEREE _____

Indicate the referee's professional designation: ❑ midwife ❑ nurse ❑ physician

I authorise the referee to disclose to the College of Midwives of British Columbia (CMBC) information that is otherwise confidential. I agree that communication between CMBC and the referee shall be privileged and I waive any right of disclosure to me of the same.

SIGNATURE OF THE APPLICANT: _____

INSTRUCTIONS FOR REFEREE

CMBC is entrusted with protecting public safety by ensuring that BC registered midwives are competent, safe and ethical in their practice. Your personal knowledge of this applicant is important in judging the applicant's suitability for registration.

Please explain any indications of problems or concerns you may have regarding the applicant's suitability for registration. Use the back of this form or additional pages if required. Please ensure that any additional pages clearly note the name of the applicant and are numbered in sequence. ***Please seal the completed reference form in an envelope, sign across the seal and return the reference form directly to the CMBC at the address indicated above via regular mail. Do not give it to the applicant or to any other person.***

File No. _____

1. In what capacity, when, and for how long have you observed this applicant working as a midwife or as a student midwife?

_____

_____

_____

_____

_____

_____

2. Have you observed the applicant conduct deliveries as a primary care provider as a midwife or as a student midwife?

   ❑ Yes as a midwife ❑ No

   ❑ Yes as a student midwife ❑ No

3. If you are able, please verify the applicant's clinical experience <u>in the past five years</u> in the following areas:

   Number of births attended as a midwife: _____

   Number of births attended as a midwife providing continuity of care[1]: _____

   Number of births attended as a primary midwife[2]: _____

   Number of births attended as a primary midwife in an out-of-hospital setting: _____

   Number of births attended as a primary midwife in a hospital setting: _____

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1 For applicants applying for registration under the Canada's Agreement on Internal Trade or applying for reinstatement of registration, continuity of care shall be deemed to have been provided to an individual client and the newborn when the midwife has met and provided care to the client prenatally, prior to attending the labour and birth. For applicants applying for registration under CMBC recognized midwifery education program, continuity of care shall be deemed to have been provided to an individual client and the newborn when a student of midwifery has attended a minimum of six visits with the client and the labour and birth.

2 A midwife who, in practice or as a part of an education program, is the most responsible care provider for a client during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn and managing the third stage of labour, unless there were clinical indications for transferring care to a physician. If transfers of care exceed 20% of the primary midwife requirement, a detailed chart audit will be required. If transfers of care exceed 30% of the requirement, temporary conditions on registration may be required.

4. If you are a physician, has the applicant referred clients to you for consultation or transfer of care?

   ❑ Yes ❑ No

   Please comment if you have concerns about any consultation or transfer of care as referred by the applicant.

   ❑ Yes If *Yes*, please explain ❑ No

5. Are you aware of any problems regarding the applicant's physical health or mental health that would impair the applicant's ability to practice as a midwife?

   ❑ Yes If *Yes*, please explain ❑ No

6. Are you aware of any alcohol or substance abuse of the applicant that would impair the applicant's ability to practice as a midwife?

   ❑ Yes If *Yes*, please explain ❑ No

7. Are you aware of any cases where the applicant was involved in providing care which were referred to the coroner for investigation?

   ❑ Yes If *Yes*, please explain ❑ No

8. Are you aware of any complaints regarding the applicant, which have resulted in an investigation or disciplinary proceeding?

   ❑ Yes If *Yes*, please explain ❑ No

9. Please provide a narrative comment on this applicant's character, ie do you consider the applicant of good character, ethical, and reliable?

10. Do you consider this applicant to have adequate midwifery knowledge and skills to provide an acceptable quality of safe midwifery care? Please explain your reasoning.

11. Please provide additional information with respect to the applicant's professional conduct, which you believe that CMBC should take into consideration.

_____

_____

_____

_____

_____

TO BE COMPLETED BY REFEREE

Print Name and Professional Designation: _____

Professional Regulatory Body: _____

Registration No.: _____ Email: _____

Address: _____

Telephone No.: _____ Date of Completion: _____

Signature of Referee: _____

Please seal the completed reference form in an envelope, <u>sign across the seal</u> and <u>return the reference form directly to the CMBC</u> at the address indicated above via regular mail. Do not give it to the applicant or to any other person.

File No. _____

REFERENCE FORM FOR APPLICANTS FOR REGISTRATION

PLEASE ATTACH A PASSPORT-SIZED PHOTOGRAPH TAKEN WITHIN THE LAST 6 MONTHS AND CERTIFIED BY THE REFEREE TO BE A TRUE LIKENESS OF YOU, THE APPLICANT

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA
#900 – 200 Granville Street, VANCOUVER, B.C. V6C 1S4
Tel: (604) 742-6558 Fax: (604) 357-1867

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT _____

NAME OF REFEREE _____

Indicate the referee's professional designation: ❑ midwife ❑ nurse ❑ physician

I authorise the referee to disclose to the College of Midwives of British Columbia (CMBC) information that is otherwise confidential. I agree that communication between CMBC and the referee shall be privileged and I waive any right of disclosure to me of the same.

SIGNATURE OF THE APPLICANT: _____

INSTRUCTIONS FOR REFEREE

CMBC is entrusted with protecting public safety by ensuring that BC registered midwives are competent, safe and ethical in their practice. Your personal knowledge of this applicant is important in judging the applicant's suitability for registration.

Please explain any indications of problems or concerns you may have regarding the applicant's suitability for registration. Use the back of this form or additional pages if required. Please ensure that any additional pages clearly note the name of the applicant and are numbered in sequence. ***Please seal the completed reference form in an envelope, sign across the seal and return the reference form directly to the CMBC at the address indicated above via regular mail. Do not give it to the applicant or to any other person.***

File No. _____

1. In what capacity, when, and for how long have you observed this applicant working as a midwife or as a student midwife?

_____

_____

_____

_____

_____

_____

2. Have you observed the applicant conduct deliveries as a primary care provider as a midwife or as a student midwife?

   ❑ Yes as a midwife ❑ No

   ❑ Yes as a student midwife ❑ No

3. If you are able, please verify the applicant's clinical experience <u>in the past five years</u> in the following areas:

   Number of births attended as a midwife: _____

   Number of births attended as a midwife providing continuity of care[1]: _____

   Number of births attended as a primary midwife[2]: _____

   Number of births attended as a primary midwife in an out-of-hospital setting: _____

   Number of births attended as a primary midwife in a hospital setting: _____

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1 For applicants applying for registration under the Canada's Agreement on Internal Trade or applying for reinstatement of registration, continuity of care shall be deemed to have been provided to an individual client and the newborn when the midwife has met and provided care to the client prenatally, prior to attending the labour and birth. For applicants applying for registration under CMBC recognized midwifery education program, continuity of care shall be deemed to have been provided to an individual client and the newborn when a student of midwifery has attended a minimum of six visits with the client and the labour and birth.

2 A midwife who, in practice or as a part of an education program, is the most responsible care provider for a client during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn and managing the third stage of labour, unless there were clinical indications for transferring care to a physician. If transfers of care exceed 20% of the primary midwife requirement, a detailed chart audit will be required. If transfers of care exceed 30% of the requirement, temporary conditions on registration may be required.

4. If you are a physician, has the applicant referred clients to you for consultation or transfer of care?

   ❑ Yes ❑ No

   Please comment if you have concerns about any consultation or transfer of care as referred by the applicant.

   ❑ Yes If *Yes*, please explain ❑ No

5. Are you aware of any problems regarding the applicant's physical health or mental health that would impair the applicant's ability to practice as a midwife?

   ❑ Yes If *Yes*, please explain ❑ No

6. Are you aware of any alcohol or substance abuse of the applicant that would impair the applicant's ability to practice as a midwife?

   ❑ Yes If *Yes*, please explain ❑ No

7. Are you aware of any cases where the applicant was involved in providing care which were referred to the coroner for investigation?

   ❑ Yes If *Yes*, please explain ❑ No

8. Are you aware of any complaints regarding the applicant, which have resulted in an investigation or disciplinary proceeding?

   ❑ Yes If *Yes*, please explain ❑ No

9. Please provide a narrative comment on this applicant's character, ie do you consider the applicant of good character, ethical, and reliable?

10. Do you consider this applicant to have adequate midwifery knowledge and skills to provide an acceptable quality of safe midwifery care? Please explain your reasoning.

11. Please provide additional information with respect to the applicant's professional conduct, which you believe that CMBC should take into consideration.

_____

_____

_____

_____

_____

TO BE COMPLETED BY REFEREE

Print Name and Professional Designation: _____

Professional Regulatory Body: _____

Registration No.: _____ Email: _____

Address: _____

Telephone No.: _____ Date of Completion: _____

Signature of Referee: _____

Please seal the completed reference form in an envelope, <u>sign across the seal</u> and <u>return the reference form directly to the CMBC</u> at the address indicated above via regular mail. Do not give it to the applicant or to any other person.

File No. _____

REFERENCE FORM FOR APPLICANTS FOR REGISTRATION

PLEASE ATTACH A PASSPORT-SIZED PHOTOGRAPH TAKEN WITHIN THE LAST 6 MONTHS AND CERTIFIED BY THE REFEREE TO BE A TRUE LIKENESS OF YOU, THE APPLICANT

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA
#900 – 200 Granville Street, VANCOUVER, B.C. V6C 1S4
Tel: (604) 742-6558 Fax: (604) 357-1867

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT _____

NAME OF REFEREE _____

Indicate the referee's professional designation: ❑ midwife ❑ nurse ❑ physician

I authorise the referee to disclose to the College of Midwives of British Columbia (CMBC) information that is otherwise confidential. I agree that communication between CMBC and the referee shall be privileged and I waive any right of disclosure to me of the same.

SIGNATURE OF THE APPLICANT: _____

INSTRUCTIONS FOR REFEREE

CMBC is entrusted with protecting public safety by ensuring that BC registered midwives are competent, safe and ethical in their practice. Your personal knowledge of this applicant is important in judging the applicant's suitability for registration.

Please explain any indications of problems or concerns you may have regarding the applicant's suitability for registration. Use the back of this form or additional pages if required. Please ensure that any additional pages clearly note the name of the applicant and are numbered in sequence. ***Please seal the completed reference form in an envelope, sign across the seal and return the reference form directly to the CMBC at the address indicated above via regular mail. Do not give it to the applicant or to any other person.***

File No. _____

1. In what capacity, when, and for how long have you observed this applicant working as a midwife or as a student midwife?

_____

_____

_____

_____

_____

_____

2. Have you observed the applicant conduct deliveries as a primary care provider as a midwife or as a student midwife?

   ❑ Yes as a midwife ❑ No

   ❑ Yes as a student midwife ❑ No

3. If you are able, please verify the applicant's clinical experience <u>in the past five years</u> in the following areas:

   Number of births attended as a midwife: _____

   Number of births attended as a midwife providing continuity of care[1]: _____

   Number of births attended as a primary midwife[2]: _____

   Number of births attended as a primary midwife in an out-of-hospital setting: _____

   Number of births attended as a primary midwife in a hospital setting: _____

---

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   Please comment if you have concerns about any consultation or transfer of care as referred by the applicant.

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11. Please provide additional information with respect to the applicant's professional conduct, which you believe that CMBC should take into consideration.

_____

_____

_____

_____

_____

TO BE COMPLETED BY REFEREE

Print Name and Professional Designation: _____

Professional Regulatory Body: _____

Registration No.: _____ Email: _____

Address: _____

Telephone No.: _____ Date of Completion: _____

Signature of Referee: _____

Please seal the completed reference form in an envelope, <u>sign across the seal</u> and <u>return the reference form directly to the CMBC</u> at the address indicated above via regular mail. Do not give it to the applicant or to any other person.

File No. _____

COLLEGE OF
MIDWIVES
OF BRITISH COLUMBIA

#900-200 Granville Street
Vancouver, BC V6C 1S4

Phone: 604-742-6558
Fax: 604-357-1867

information@cmbc.bc.ca
www.cmbc.bc.ca

Application Payment Advice

Name: _____

Fee	Amount required	Payment Method (please select one)
Application:	❑ **$200.00**	❑ **Certified Cheque or Money Order**[1]
BC Jurisprudence Examination:	❑ **$300.00**	❑ **Visa or MasterCard**[2]

Please note: Registration fees are due when an application for registration is approved by the Registration Approval Panel. The applicant will be notified of the exact amount of payment required at that time. Registration fees for the year 2019/20 are as follows:

- **Annual Registration Fee:** $2,387.76 (for April 1 to March 31)[3]
- **Temporary Registration Fee:** $225.00 per month (for 30 days of registration)

[1] Payable upon receipt of application.
[2] You will be advised how to pay your application fees by Visa or MasterCard upon the College's receipt of your application.
[3] The fee is subject to a 2% increase each registration year.

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MIDWIVES
OF BRITISH COLUMBIA

#900-200 Granville Street
Vancouver, BC V6C 1S4

Phone: 604-742-6558
Fax: 604-357-1867

information@cmbc.bc.ca
www.cmbc.bc.ca

Practice Name and Address on CMBC's Register

I, _____, intend to work in the following practice after I receive my registration as a midwife in British Columbia under inter-provincial registration reciprocity.

I confirm that the practice name, address and telephone number should be listed as my business address and business telephone number on the College of Midwives of BC's Register.

Practice Name: _____

Practice Address: _____

Practice Telephone No.: _____

_____ _____

Signature **Date**