

## 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.***

## 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.***

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

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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 in the past five years in the following areas:

Number of births attended as a midwife: \_\_\_\_\_

Number of births attended as a midwife providing continuity of care<sup>1</sup>: \_\_\_\_\_

Number of births attended as a primary midwife<sup>2</sup>: \_\_\_\_\_

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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<sup>1</sup> 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.

<sup>2</sup> 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

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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

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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

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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

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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

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

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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.

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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.

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***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, 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.***