



Application for Approval of Second Birth Attendant

SECTION 1 – PROPOSED SECOND BIRTH ATTENDANT INFORMATION	
Legal name of proposed second birth attendant: _____	
Qualification (fill out registration number (if applicable) and select appropriate occupation below)	
Registration Number (if applicable): _____	
<input type="checkbox"/> Non-Practising RM	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Paramedic/Emergency Medical Responder	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Other regulated or licensed health care provider within BC who can provide NRP as a part of their professional role	<input type="checkbox"/> Nurse Practitioner
Occupation: _____	<input type="checkbox"/> Licensed Practical Nurse
	<input type="checkbox"/> Recent graduate of a CMBC-recognized midwifery education or bridging program
	<input type="checkbox"/> Other (If the proposed second attendant is not a regulated/licensed health care provider, the application must also include a copy of an ad seeking a regulated health professional as second birth attendant that has been posted at the local hospital for a minimum 4 weeks immediately prior to the date of application, and a copy of proposed second birth attendant's CV or a summary of their relevant education and experience)
	Occupation/Qualification: _____
Continuing Competencies (the midwife/midwives applying must keep a photocopy of the certificates on file)	
NRP: Date of Certification: _____	Certifying Organization: _____ <input type="checkbox"/> All levels (1-11)
CPR: Date of Certification: _____	Certifying Organization: _____ Level: _____
Criminal Record Check (CRC)	
<input type="checkbox"/> On file with CMBC	<input type="checkbox"/> To be sent from another regulatory body
	<input type="checkbox"/> New CRC Required
Period of Time for use of Second Birth Attendant (if less than a full registration year, April to March)	
From: _____	To: _____
Reason for Application	
<input type="checkbox"/> Solo Practice	<input type="checkbox"/> Usual back-up midwives not available
<input type="checkbox"/> Emergency use when usual back-up midwife is at another birth	<input type="checkbox"/> Rural/Isolated Practice
	<input type="checkbox"/> Other: _____
SECTION 2 – MIDWIFE/MIDWIVES INFORMATION	
Name of Midwife/Midwives applying: _____ _____ _____	Community Practising in: _____
	Midwives currently/usually providing backup: _____ _____
Approved second birth attendants currently used: _____ _____	

By submitting this application to CMBC, the midwife applicant(s) attest that:

I/We understand that it is my/our responsibility to ensure my/our second birth attendant is knowledgeable and competent to fill the role of second birth attendant as outlined in the CMBC's Policy for Second Birth Attendants. I/We agree to only ask my/our second birth attendant to provide client care within the roles and duties outlined in this policy and this care must be carried out under my/our direct supervision. I/We understand that in order for my/our second birth attendant to legally carry out additional clinical acts such as giving an injection, these acts must be within their scope of practice as a regulated health professional. I/We understand that I/we am/are fully responsible for all care provided to my/our clients by my/our second birth attendant and I/we agree that I/we will be present at all times that they are providing care to my/our midwifery clients.