

Request for Certificate of Professional Conduct

I, _____, RM, hereby request that the Registrar of the College of Midwives of British Columbia release a Certificate of Professional Conduct to the institution named below in support of my application for hospital privileges.

Signature of Registrant

Print Name of Registrant

Date (mm/dd/yyyy)

Please send this information to:

Name of Institution: _____

Mailing Address: _____

Name of Person Requesting Information: _____

Telephone: _____ Fax: _____

Instructions to Registrant

Please note that incomplete forms, including forms not accompanied by payment, will not be processed.

Please send completed form with the required \$30.00 fee to:

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA
#603 - 601 West Broadway, Vancouver, BC V5Z 4C2

OR

Fax your request to the CMBC at (604) 730-8908 accompanied by this credit card authorization.

Credit Card Type:

VISA

MasterCard

Card number: _____ Expiry: _____

Name on card: _____

Signature: _____