

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

Request for College's Consent Letter to BC Corporate Registry for Practice Name Reservation

I, _____, RM, have requested
the following practice name from BC Registry Services:

(name requested as shown on "Results of Name Request")

and hereby request that the College of Midwives of British Columbia issue a letter to the BC Corporate Registry to confirm that I am registered to practice midwifery in British Columbia and, as a registered midwife under the Midwives Regulation, may use the reserved title "midwife" in referring to myself and in my practice name.

I attach a copy of the "Results of Name Request" issued by BC Registry Services in support of my request.

Signature of Registrant

Date

Instructions to Registrant

Please note that incomplete forms, including forms not accompanied by a copy of the "Results of Name Request" and payment, will not be processed.

Please send completed form with the required \$40.00 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: _____