

Form 1

APPLICATION FOR REGISTRATION
OR
REINSTATEMENT OF REGISTRATION

INSTRUCTIONS TO THE APPLICANT

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. The application must be typed or written in legible blue or black ink in order to be assessed.
3. Please submit **copies** of 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 in English from an approved translator for each copy. If your application is incomplete, it will not be processed.

1. CLASS OF REGISTRATION

A. Class of registration for which you are applying:

General / Conditional / Temporary / Temporary (limited scope) registration:	
Registration <i>(Please select one of the classes below if you have <u>not</u> been previously registered by the College of Midwives of British Columbia.)</i> <input type="checkbox"/> General Start date requested: _____ <input type="checkbox"/> Conditional Start date requested: _____ <input type="checkbox"/> Temporary Dates requested: _____ <i>From</i> _____ <i>To</i>	Reinstatement of Registration <i>(Please select one of the classes below if you are a former general or temporary registrant of the College of Midwives of British Columbia.)</i> <input type="checkbox"/> General Start date requested: _____ <input type="checkbox"/> Conditional Start date requested: _____ <input type="checkbox"/> Temporary Dates requested: _____ <i>From</i> _____ <i>To</i> <input type="checkbox"/> Temporary (limited scope) Dates requested: _____ <i>From</i> _____ <i>To</i>

Student registration:	
Registration <i>(Please check the class below if you have <u>not</u> been previously registered as a Student by the College of Midwives of British Columbia.)</i> <input type="checkbox"/> Student Dates requested: _____ <i>From</i> _____ <i>To</i>	Reinstatement of Registration <i>(Please check the class below if you are a former student registrant of the College of Midwives of British Columbia.)</i> <input type="checkbox"/> Student Dates requested: _____ <i>From</i> _____ <i>To</i>

B. Please select one or more of the following status that applies to you.

I have graduated from a CMBC recognized midwifery education program¹:

_____ <i>Program Name</i>	_____ <i>Graduation Date</i>
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I am currently registered to practice midwifery as a general registrant or equivalent in another Canadian jurisdiction and applying for registration under the Canada's Agreement on Internal Trade:

_____ <i>Jurisdiction Name</i>	_____ <i>Registration since</i>
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I am a full-time faculty of a CMBC recognized midwifery education program:

_____ <i>Program Name</i>	_____ <i>As a faculty since</i>
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I am a former registrant of the College of Midwives of BC.

I am currently enrolled as a student in a CMBC recognized midwifery education program¹:

_____ <i>Program Name</i>

¹ See CMBC Bylaws Schedule 6

2. IDENTIFICATION

Full Name: _____
Last name

First name Middle name

Name as you wish it to appear on your registration documentation:

Gender: F M

Date of Birth: _____ Social Insurance No.: _____
day/month/year

Address: _____
Street #

City Province Postal Code Country

Phones: _____
Home Work

Cellular Pager

Fax E Mail

Please attach a passport size photograph. The photograph must be taken within one year prior to the date of application and certified to be a true likeness of you by the person who witnesses your application. The photo will be used on a permanent Photo ID for a registrant except a student registrant.

Pursuant to the CMBC Bylaws, you must be either a Canadian citizen or have the authorization to reside and work in Canada, or in the case of an applicant for student registration, the authorization to reside and study in Canada.

A. Are you a Canadian citizen?

Yes No If **No**, complete B.

B. Do you have the authorization to reside and work in Canada?

Yes No

C. If you are an applicant for student registration, do you have the authorization to reside and study in Canada?

Yes No

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. If you are an applicant for student registration, please enclose proof of the authorization to reside and study in Canada, i.e. a copy of your student visa.

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

If **Yes**, please complete:

Previous Name(s):			When did you use this name?	
<i>Last name</i>	<i>First name</i>	<i>Middle name</i>	<i>from</i>	<i>to</i>
<hr/>			<hr/>	
<hr/>			<hr/>	
<hr/>			<hr/>	

You must submit proof of a name change if any of your documentation is in a different name from the one you are using now.

Please indicate below whether you are an Aboriginal person. This information is collected for the purpose of maintaining a record of the number of registrants who are Aboriginal people, and does not pertain to the registration process.

A. Are you an Aboriginal person?

Yes No If **Yes**, complete B.

B. Which Aboriginal band and/or nation do you belong to? _____

3. FEES

You are required to submit the application and registration fees with your application. Your application will not be reviewed without the application fee. All applicants except those applying for reinstatement of registration or student registration are required to review the CMBC Registrant’s Handbook and self-learning Orientation to Regulated Midwifery Practice in BC binder and take and pass the BC jurisprudence examination, and are required to include with the application the orientation materials fee and BC jurisprudence examination fee unless these fees have been paid prior to application. Fees can be found in Schedule 3 of the Bylaws for the College of Midwives of BC or by contacting the CMBC office.

4. PROFESSIONAL LIABILITY COVERAGE

All registrants except student registrants must have professional liability insurance coverage in place before registration. This coverage can be obtained by contacting:

***The Midwives Association of BC
Suite 2 – 175 E. 15th Avenue
Vancouver, BC V5T 2P6
Telephone: (604) 736-5976
Email: registration@bcmidwives.com***

Student registrants are covered for professional liability by their CMBC recognized midwifery education program so long as they are current students functioning within the requirements of their program. A student registrant may only provide midwifery care within the recognized program in which she is enrolled and under the supervision of the midwifery faculty or a clinical preceptor designated by the program.

5. CRIMINAL RECORD CHECK

All applicants must complete a criminal record check. Instructions on how to complete the criminal record check will be provided to applicants upon receipt of their application.

6. EDUCATION²

(Applicants applying for reinstatement of registration are not required to complete this section.)

A. Midwifery Education Program:

Name of Program/School _____

Jurisdiction/Country where recognized _____

Length of Program _____ Graduation Date _____

Degree, Diploma or Certificate Granted _____

Name of Program/School _____

Jurisdiction/Country where recognized _____

Length of Program _____ Graduation Date _____

Degree, Diploma or Certificate Granted _____

If you have graduated from a CMBC recognized midwifery education program or recognized midwifery bridging program for internationally-educated applicants and are applying for registration upon graduation, please:

- attach a copy of your diploma or other proof of graduation;
- arrange for your program to forward your Record of Clinical Experience to the CMBC; and
- arrange for your university to forward your official transcript to the CMBC.

If you are a student currently enrolled in a CMBC recognized midwifery education program and applying for student registration, please

- arrange for your midwifery education program to forward proof of your current student status to the CMBC.

B. Nursing Program:

If your midwifery education was a post-nursing program or you have additional nursing education please indicate below³:

Name of Program/School _____

Jurisdiction/Country where recognized _____

Length of Program _____ Graduation Date _____

Degree, Diploma or Certificate Granted _____

² For applicants applying for registration under the Canada's Agreement on Internal Trade, the education information is requested for the purposes of maintaining the CMBC database only and does not pertain to the registration process. Internationally-educated applicants should contact a recognized midwifery bridging program for assessment of equivalency of knowledge, skills and abilities under CMBC Bylaws 46 (3) or 48, gap training and orientation to Canadian practice prior to application.

³ This information is requested for the purposes of maintaining the CMBC database only and does not pertain to the registration process.

7. CANADIAN MIDWIFERY REGISTRATION

A. Are you currently registered as a general registrant in the province of:

Alberta	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Manitoba	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Northwest Territories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Nova Scotia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Nunavut	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Ontario	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Quebec	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Saskatchewan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
			<i>Date of Registration</i>	<i>End Date (if no longer registered)</i>

B. Have you previously been registered in the province of:

Alberta	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Manitoba	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Northwest Territories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Nova Scotia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Nunavut	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Ontario	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Quebec	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Saskatchewan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
			<i>Date of Registration</i>	<i>End Date (if no longer registered)</i>

C. Have you practised as a registered midwife for one year or more in the province of⁴:

Alberta	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Manitoba	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Northwest Territories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Nova Scotia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Nunavut	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Ontario	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Quebec	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Saskatchewan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
			<i>Date of Registration</i>	<i>End Date (if no longer registered)</i>

⁴ An applicant who has been a General registrant for less than one year in a Canadian jurisdiction which regulates midwifery is eligible to be registered in BC but will be subject to the same new registrant requirements as set out in CMBC's *New Registrants Policy* that apply to all other BC registrants in their first year of registration.

D. Please enclose a copy of your certificate of registration or registration photo ID card from the province where you are currently or have been most recently registered. Information pertaining to your registration will be verified directly with the regulatory body.

Certificate of Registration enclosed

Registration Photo ID enclosed

8. MIDWIFERY REGISTRATION OUTSIDE CANADA⁵

Have you ever been licensed/certified/registered to practice midwifery in a jurisdiction outside Canada? Yes No

Name of jurisdiction: _____
Country, State or Province

Registering/Regulating body: _____

Dates of Registration: _____ to _____

Name of jurisdiction: _____
Country, State or Province

Registering/Regulating body: _____

Dates of Registration: _____ to _____

9. CANADIAN MIDWIFERY REGISTRATION EXAMINATION (CMRE)

(This section applies to applicants who have graduated from a CMBC recognized midwifery education program or a recognized bridging program and applying for registration upon graduation.)

I have registered to take the CMRE on the following date: _____.

I have taken the CMRE and have requested that my results be provided to the CMBC.

I have passed the CMRE and the CMBC has my results.

⁵ For applicants applying for registration under the Canada's Agreement on Internal Trade, the registration information outside Canada is requested for the purposes of maintaining our database only and does not pertain to the registration process. Internationally-educated applicants should contact a recognized bridging program for assessment of equivalency of knowledge, skills and abilities under CMBC Bylaws 46 (3) or 48, gap training and orientation to Canadian practice prior to application.

10. PROFESSIONAL AFFILIATIONS⁶

Have you ever been licensed/certified/registered to practice any other health care profession in British Columbia or any other jurisdiction? Yes No

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

Professional Body	Address	Phone #	Fax #	Membership Dates	
				From	To

⁶ For applicants applying for registration under the Canada's Agreement on Internal Trade, the professional affiliations information is requested for the purposes of maintaining our database only and does not pertain to the registration process.

11. CLINICAL EXPERIENCE⁷

(Applicants applying for student registration are not required to complete this section.)

A. Active Practice/Clinical Experience Requirements in the past five years

Have you met the clinical active practice requirements set by your current or most recent midwifery regulatory College? Check off the boxes below that apply. If you are applying for registration under the Canada’s Agreement on Internal Trade, please enclose a copy of those requirements for our reference.

- I have met the active practice requirements for the past 12 months.
- I have met the active practice requirements for the past two years.
- I have met the active practice requirements for the past five years (required for new graduates).

Verification

- My Record of Clinical Experience is being forwarded by _____
Recognized Midwifery Education Program
- I have enclosed the active practice requirements for _____
which I understand will be verified by a Letter of Good Standing. *Provincial Regulatory Body*

B. Detailed Clinical Experience

a) Have you attended a minimum of **60 births** as a midwife, as either a principal (primary) or second midwife in the past 5 years?

- Yes No

If **No**, how many births have you attended as a midwife? _____

b) Have you attended at least **30 births** as a **midwife providing continuity of care⁸**, in the past 5 years?

- Yes No

If **No**, provide a brief explanation, indicating how many births you have attended as a midwife providing continuity of care.

⁷ For applicants applying for registration under the Canada’s Agreement on Internal Trade 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.

⁸ Continuity of care shall be deemed to have been provided to an individual woman and her newborn when the midwife has met and provided care to the woman prenatally, prior to attending her labour and birth.

c) Have you attended at least **40 births** as the **principal midwife⁹** in the past 5 years?

Yes No

If **No**, how many births have you attended as the primary midwife? _____

d) Have you attended at least **5 births** as the **principal midwife in a home or an out-of-hospital setting** in the past five years?

Yes No

If **No**, provide a brief explanation, indicating how many births you have attended in this setting.

e) Have you attended at least **5 births** as the **principal midwife in a hospital setting** in the past five years?

Yes No

If **No**, provide a brief explanation, indicating how many births you have attended in this setting.

f) Please ask one of your referees¹⁰, preferably a midwife with whom you have practised 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.

If you have not received this verification you may contact my referee directly at:

Address _____

Phone _____

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 Applicants applying for reinstatement of registration are only required to submit one reference. Applicants applying for student registration are not required to submit references or complete this subsection.

C. Clinical Experience by Practice Site

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

Practice Site	Date		Number of Births attended as Primary Midwife ¹¹
	From	To	
Name: Country: Contact: Telephone:			
Name: Country: Contact: Telephone:			
Name: Country: Contact: Telephone:			
Name: Country: Contact: Telephone:			
Name: Country: Contact: Telephone:			
Name: Country: Contact: Telephone:			

Hospital Privileges:

Hospital	Date	
	From	To
Name: Country: Contact: Telephone:		
Name: Country: Contact: Telephone:		
Name: Country: Contact: Telephone:		
Name: Country: Contact: Telephone:		

¹¹ Applicants applying for registration under the Canada's Agreement on Internal Trade are not required to fill out the number for this subsection.

12. COMPETENCY REQUIREMENTS

(Does not apply to junior (1st to 3rd year) baccalaureate students as these students will not be acting in the role of principal or second midwife at a birth without supervision.)

A. Neonatal Resuscitation

(Refer to CMBC's Policy on Continuing Competency in Neonatal Resuscitation)

Please include a copy of the certification that meets the CMBC requirements as set out in the CMBC's *Policy on Continuing Competency in Neonatal Resuscitation*.

What is the date of your most recent certification in neonatal resuscitation?

Day Month Year *Certifying Organisation*

B. Cardiopulmonary Resuscitation

(Refer to CMBC's Policy on Continuing Competency in Cardiopulmonary Resuscitation)

Please include a copy of the certification that meets the CMBC requirements as set out in the CMBC's *Policy on Continuing Competency in Cardiopulmonary Resuscitation*.

What is the date of your most recent certification in cardiopulmonary resuscitation?

Day Month Year *Certifying Organisation*

C. Fetal Health Surveillance (Does not apply to student registration.)

CMBC requirement – certification within 24 months prior to registration

Please include a copy of the certification.

What is the date of your most recent certification in Fetal Health Surveillance or Electronic Fetal Monitoring?

Day Month Year *Certifying Organisation*

D. Emergency Skills Certification

(Refer to CMBC's Policy on Continuing Competency in Emergency Skills)

Please include a copy of the certification that meets the CMBC requirements as set out in the CMBC's *Policy on Continuing Competency in Emergency Skills*.

What is the date of your most recent certification in emergency skills?

Day Month Year *Certifying Organisation*

13. DISCLOSURE OF PAST PROCEEDINGS

(Must be signed and sealed by a Canadian Notary Public.)

In accordance with Section 45 of the Bylaws for the College of Midwives of BC, to apply for registration you must disclose all information that relates to you and the 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 authority¹²,
- 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 of, suspension or restriction (or modification) of hospital admitting privileges or permit to practice,
- 11) Yes No a voluntary resignation of your hospital privileges on the request or advice of a hospital/health authority administration,
- 12) Yes No a professional liability insurance claim,
- 13) Yes No a settlement or judgement in any civil law suit or particulars of any civil action that is pending where the applicant is a party, and
- 14) Yes No convictions in relation to any federal or provincial offence.

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 organisations 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 practise.

Witnessed at _____ 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.

14. AUTHORISATION

I hereby authorise the College of Midwives of British Columbia to make such inquiries about me or the services I have provided as it considers appropriate in connection with this Application for 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 of my clients, employers, associates or any other person or organisation which the College 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 the College 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 the College 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 the College 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. This paragraph does not apply to student registrants.

I understand that any information provided by me or any other person or organisation in this Application may be used by the College 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.

Applicant's Full Name (please print)

Signature of Applicant

Signature of Witness (must be over 19 years of age)

Full Name of Witness

Address of Witness

_____ _____ _____
Day *Month* *Year*

15. STATUTORY DECLARATION

I, _____
Full Name

of the _____ of _____
Type of Municipality Name of Municipality

in the _____ of _____
Province or Territory 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 of the College of Midwives of British Columbia in force, will comply with the *Health Professions Act*, the Midwifery Regulation, Bylaws and standards of practice of the College if the College 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.

Signature of Witness
(must be over 19 years of age)

Signature of Applicant

Full Name of Witness (please print)

Full Name of Applicant (please print)

Address of Witness

Date: _____
Day Month Year

Day Month Year

Appendix I - 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

#603 – 601 West Broadway, VANCOUVER, B.C. V5Z 4C2

Tel: (604) 742-2230 Fax: (604) 730-8908

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?

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 care¹: _____

Number of births attended as a primary midwife²: _____

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: _____

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, 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.

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

#603 – 601 West Broadway, VANCOUVER, B.C. V5Z 4C2

Tel: (604) 742-2230 Fax: (604) 730-8908

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?

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 care¹: _____

Number of births attended as a primary midwife²: _____

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: _____

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: _____

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Appendix II – SCHEDULE 3

FEES SCHEDULE

1. The fees payable by applicants or registrants shall be as follows:

- | | | |
|---|--------------|-----------------|
| (a) Non-refundable application fee for: | | |
| (i) certificate of registration | | \$200 |
| (ii) student registration | | \$75 |
| (iii) reinstatement of registration | | \$200 |
| (b) Registration fee for: | | |
| (i) annual registration | in year 2016 | \$2,250 |
| (ii) temporary registration | in year 2016 | \$225 per month |
| (iii) annual non-practising registration | | \$300 |
| (iv) student registration (full year) | | \$200 |
| student registration (school year) | | \$150 |
| student registration (clinical placement) | | \$20 per month |

each year thereafter until Schedule 3 is further amended, inflationary increases of 2% will apply to annual practicing registration fee.

- | | |
|---|-------------------|
| (c) <i>Registrant's Handbook and/or Orientation to Midwifery Practice in BC</i> - Electronic media version (including shipping) | \$50 |
| (d) BC jurisprudence examination | \$300 per sitting |

2. Fees listed in 1 (b) (i) will be prorated on a monthly basis for a registrant who is registered for less than a full year. A refund will be issued to a registrant who resigns registration or applies for non-practising status for any full months that person is not registered with written notice received by the College at a minimum of one month prior to the effective date of status change, for the balance of the registration year (or period paid for), less any fees owing to the College.

3. The following additional fees apply to registration matters:

- | | |
|--|---------------|
| (a) annual registration renewal administration fee: | \$50 |
| (b) fee for cheques/payments returned for insufficient funds (NSF) or decline of credit card | \$40 |
| (c) name change fee for a change to the official register and documents | \$75 |
| (d) duplicate documents (per registration document) | \$30 |
| (e) certificate of professional conduct | \$30 |
| (f) letter of good standing | \$100 |
| (g) request for second birth attendant | \$40 |
| (h) change of registration class administration fee | \$30 |
| additional request for change of registration class within the same registration year | \$100 |
| (i) practice name reservation letter to Corporate Registry | \$40 |
| (j) midwifery projects to serve women with diverse needs application fee | \$500 |
| (k) Quality Assurance Program non compliance fee | up to \$500 |
| (l) remediation ordered by the Inquiry Committee | up to \$2,500 |



Application Payment Advice

Fee	Amount required	Payment Method (please select one)
Application:	<input type="checkbox"/> \$200.00	<input type="checkbox"/> Certified Cheque or Money Order ¹
BC Jurisprudence Examination:	<input type="checkbox"/> \$300.00	<input type="checkbox"/> 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 2016/17 are as follows:

- **Annual Registration Fee:** \$2,250.00 (for April 1 to March 31)
- **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 create your online account to pay your application fees by Visa or MasterCard upon the College's receipt of your application.



New Registrant Requirement

As a newly registered midwife in British Columbia, you must work within the *New Registrants Policy* (attached). Please fill out the details below and return to the CMBC with your application.

I, _____ will be working within the following practice(s) in order to fulfill the requirements of the New Registrants Policy:

Practice Name: _____

Midwives practicing in the above named Practice: _____

Practice Address: _____

Practice Name: _____

Midwives practicing in the above named Practice: _____

Practice Address: _____

Signature

Date



COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

NEW REGISTRANTS POLICY

All newly registered midwives¹, those registered as general registrants and as conditional registrants, will be granted registration with the following conditions:

1. A new registrant will work in an established practice² sharing care³ with a mentor midwife or midwives for a period of at least six months and until the new registrant has provided care throughout pregnancy, labour, birth and the postpartum period as principal midwife to 20 clients and their newborns. A new registrant cannot work as a solo practitioner. Upon completion of these requirements, the new registrant will submit a completed New Registrant Requirements Reporting Form to the College.
2. During the first six months of registration, when a new registrant is working in an established practice, the registrant is expected to have experienced general registrants from the registrant's practice group, or other experienced general registrants, or physicians approved under the CMBC's *Shared Primary Care Policy*, who have agreed to be available to the new registrant in-person or by phone 24/7 for support and advice when the new registrant is providing care or to attend to the new registrant's clients when needed.
3. While the new registrant is expected to practice consecutively for the six month period, this time period may include reasonable off-call time and holidays.
4. If a new registrant practises in an established practice where practice volume is low, the new registrant may choose to work in another practice with higher volume to meet the requirements.
5. A new registrant will participate in monthly peer case review with an established practice for a period of at least 12 months. If the established practice has only one mentor midwife, the new registrant and the mentor

¹ This Policy applies to all new registrants in their first 12 months of practice in British Columbia with the exception of midwives registering through the CMBC's *Policy on Inter-Provincial Registration Reciprocity*. However, if the registrant has less than 12 months of midwifery experience in the originating province(s), the *New Registrants Policy* will apply.

² Established practice refers to a practice that:

- i. Has at least one midwife who has been registered and actively practicing for at least one year in British Columbia or another Canadian province designated in the CMBC's *Policy on Inter-Provincial Registration Reciprocity*.
- ii. Has at least one midwife who has had hospital privileges for at least three months and has midwives who have current hospital privileges in the community served.
- iii Provides care consistent with the full scope of practice of BC registered midwives, including continuity of care and choice of birth place as described in the *Midwifery Model of Practice*.

³ Please see *Continuity of Care Policy* to define sharing care.

New Registrants Policy

Issued: February 9, 1999
Revised: September 30, 2002
Revised: October 14, 2004
Revised: October 3, 2005
Revised: September 24, 2007
Revised: December 8, 2008
Revised: February 21, 2011
Revised: December 10, 2012
Revised: September 29, 2014
Revised: March 9, 2015
Revised: June 22, 2015
Revised: September 28, 2015
page 1 of 3

midwife must have monthly peer case review with a group of three or more midwives. The new registrant will submit their peer case review log to the College after 12 months of registration.

6. Where a practice provides care to a significant number of women with social or clinical risk factors or a higher than usual caseload volume, the College may ask the practice to provide a plan for the support and mentorship of the new registrant.
7. A new registrant working in the hospital setting will normally work with a nurse assisting the new registrant in the second attendant role for the second and third stage of labour, as is usual for other general registrants working in hospital in British Columbia.
8. A new registrant will attend home births with an experienced general registrant whenever possible within the new registrant's first three months of practice. In particular, a new registrant in the first three months of practice should not attend home births with other new registrants unless one of the new registrants in attendance has significant home birth experience. A new registrant in the first three months of practice will not attend home births with conditional registrants, conditional (remedial) registrants, conditional (return to practice) registrants or with second birth attendants unless there is also an experienced general registrant in attendance.
9. It is recommended a new registrant attend home births with experienced registrants throughout the new registrant's first year of practice, unless the new registrant has significant home birth experience⁴.
10. Approval of second birth attendants for new registrants after the first three months of registration is contingent upon the new registrant having sufficient home birth experience.
11. If a new registrant is a conditional registrant, the terms and conditions set out in the new registrant's *Plan for Supervised Practice and Evaluation* must be met at all times. A six month period in an established practice may be concurrent with a period of supervision.

College requirements for continuity of care and informed choice for clients should remain at the forefront of any arrangements that are being considered in order to meet the requirements of the *New Registrants Policy*.

RATIONALE FOR THE NEW REGISTRANTS POLICY

The *New Registrants Policy* is designed to ensure that new registrants receive the support and experience that will benefit them in entering the profession of midwifery in British Columbia as well as ensure the safest possible care to their clients during the period when

⁴ Experience should not only include functioning as the principal midwife at more than five births in an out-of-hospital setting, but also the management of complications such as postpartum hemorrhage and neonatal resuscitation in the home setting, as well as the management of transports from home to hospital.

they are becoming integrated into the health care system. The support that can be provided in both clinical and interprofessional situations will be a valuable asset to all newly practicing midwives.

It is recommended that new registrants who are new graduates work as close to full time as possible (30 course of continuity of care and attendance at 40 to 60 births) for at least the first year of practice to assist them in consolidating their prior knowledge and experience and in developing a solid foundation of confidence as a primary caregiver within the BC health care system. This 12 month period should include reasonable off-call time and holidays. The College asks for the support of experienced mentor midwives in established practices in ensuring that new registrants have opportunities to act as principal midwife in both the home and hospital setting during their new registrant year to assist them in consolidating their experience, gaining confidence in offering choice of birth place and meeting their two-year active practice requirements.

The College of Midwives of British Columbia recognizes that this policy will effectively delay some new registrants from setting up new practices in previously un-serviced areas of the province. However, midwives who move into under-serviced areas following six months of experience with an established practice will be in a stronger position as a result of that experience. In addition, having had hospital privileges previously may facilitate obtaining privileges at a new hospital.

In special circumstances the Quality Assurance Committee will consider proposals from new registrants to establish a practice in an underserved community during their new registrant period as long as there is an experienced midwife who will have hospital privileges and who will be a part of the practice and provide mentorship and back-up during the new registrant period. Please see: *Guideline for New Registrants Submitting a Proposal to Establish a Practice in an Underserved Community*.