

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

APPLICATION FOR APPROVAL OF SECOND BIRTH ATTENDANT

SECTION 1 – PROPOSED SECOND BIRTH ATTENDANT INFORMATION									
Name of Proposed Second Birth Attendant: _____									
Qualification									
<p>BC Regulated Health Professionals: <i>Is the proposed second birth attendant currently one of the BC regulated health professionals listed below? If yes, please check the appropriate occupation below and provide the registration number.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Non-practicing Registered Midwife</td> <td style="width: 25%;">Registered Nurse</td> <td style="width: 25%;">Nurse Practitioner</td> <td style="width: 25%;">Licensed Practical Nurse</td> </tr> <tr> <td>Ambulance Attendant or Paramedic</td> <td>Respiratory Therapist</td> <td colspan="2">Registration Number: _____</td> </tr> </table>		Non-practicing Registered Midwife	Registered Nurse	Nurse Practitioner	Licensed Practical Nurse	Ambulance Attendant or Paramedic	Respiratory Therapist	Registration Number: _____	
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Ambulance Attendant or Paramedic	Respiratory Therapist	Registration Number: _____							
<p>Obstetrical Nurse: <i>If the proposed second birth attendant is a registered nurse trained in and currently practicing obstetrical nursing, please provide further information below.</i></p> <p>I/we have confirmed that this proposed second attendant is a registered nurse trained in and currently practicing obstetrical nursing, and is currently employed at: _____ Name of hospital</p>									
<p>Other: <i>If the proposed second attendant is not a regulated health professional, 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 her or his relevant education and experience.</i></p> <p>Qualification or Occupation: _____</p>									
Continuing Competencies <i>(The midwife/midwives applying must keep a photocopy of the certificates on file)</i>									
NRP: Date of certification: _____ Certifying organization: _____ All current levels (1-9)									
CPR: Date of certification: _____ Certifying organization: _____ Level: _____									
Criminal Record Review									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">On file with CMBC</td> <td style="width: 33%;">Sent from other regulatory body</td> <td style="width: 33%;">New criminal record check required</td> </tr> </table>		On file with CMBC	Sent from other regulatory body	New criminal record check required					
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Period of Time For Use of Second Birth Attendant <i>If less than a full registration year</i>									
From: _____ To: _____									
Reason For Application									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">solo practice</td> <td style="width: 50%;">usual back-up midwives not available</td> </tr> <tr> <td>remote or isolated practice</td> <td>emergency use when usual back-up midwife is at another birth</td> </tr> <tr> <td colspan="2">other (please explain) _____</td> </tr> </table>		solo practice	usual back-up midwives not available	remote or isolated practice	emergency use when usual back-up midwife is at another birth	other (please explain) _____			
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other (please explain) _____									
SECTION 2 – MIDWIFE/MIDWIVES INFORMATION									
Names of Midwife/Midwives applying:	Community practicing in:								
Midwives currently or 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 her/his 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 she/he is providing care to my/our midwifery clients.