

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:	
<p>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></p> <p><input type="checkbox"/> General Start date requested: _____</p> <p><input type="checkbox"/> Conditional Start date requested: _____</p> <p><input type="checkbox"/> Temporary Dates requested: _____ From _____ To _____</p>	<p>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></p> <p><input type="checkbox"/> General Start date requested: _____</p> <p><input type="checkbox"/> Conditional Start date requested: _____</p> <p><input type="checkbox"/> Temporary Dates requested: _____ From _____ To _____</p> <p><input type="checkbox"/> Temporary (limited scope) Dates requested: _____ From _____ To _____</p>

Student registration:	
<p>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></p> <p><input type="checkbox"/> Student Dates requested: _____ From _____ To _____</p>	<p>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></p> <p><input type="checkbox"/> Student Dates requested: _____ From _____ To _____</p>

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

- I have graduated from a CMBC recognized midwifery education program¹:

_____ *Program Name* _____ *Graduation Date*

- 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:

_____ *Jurisdiction Name* _____ *Registration since*

- I am a full-time faculty of a CMBC recognized midwifery education program:

_____ *Program Name* _____ *As a faculty since*

- 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:

_____ *Program Name*

¹ See CMBC Bylaws Schedule 6

2. IDENTIFICATION

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.

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: _____ day/month/year Social Insurance No.: _____

Address: _____
Street #

_____ City _____ Province _____ Postal Code _____ Country

Phones: _____ Home _____ Work

_____ Cellular _____ Pager

_____ Fax _____ E Mail

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 midwife**⁹ 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 46(2)(a) 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 any pending civil/criminal action, a notice of claim, and/or settlement or judgement in any civil/criminal law suit where the applicant is a party,
- 14) Yes No convictions in relation to any federal or provincial offence, and
- 15) Yes No a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs ability to practice midwifery.

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)

Full Name of Witness (please print)

Address of Witness

Signature of Applicant

Full Name of Applicant (please print)

Date: _____
Day Month Year

_____ _____ _____
Day Month Year

Appendix I – LETTER OF GOOD STANDING

Consent Form

In accordance with *Article 706.3(g) of Chapter 7 of Canada's Agreement on Internal Trade (AIT), effective as of April 1, 2009*, we must obtain proof of your professional conduct from all of the regulatory bodies in all Canadian jurisdictions in which you are currently or have been previously registered.

Such proof of professional conduct must be provided directly to the regulatory body to which you are applying from the regulatory bodies in the jurisdictions in which you have practiced. Please complete the authorization below and return it with your application so that direct communication between regulatory bodies can occur.

To be completed by the applicant

NAME OF APPLICANT _____

NAME OF ALL CANADIAN MIDWIFERY REGULATORY BODIES OF WHICH I AM A MEMBER OR HAVE EVER BEEN A MEMBER:

I authorize the above named regulatory body or bodies to disclose to the regulatory body, in the jurisdictions where I am applying for registration, information about my professional conduct, including information about my professional conduct that may not be generally available to the public.*

SIGNATURE OF APPLICANT _____

**Note: regulatory bodies do not provide information about investigations or proceedings that are in process that are not yet resolved. However, based on this consent, regulators will advise each other (yes or no) that a matter is under investigation or in process.*

File No. _____

Appendix II - 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

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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.

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Address: _____

Telephone No.: _____ Date of Completion: _____

Signature of Referee: _____

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Appendix III – 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

Name: _____

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 2017/18 are as follows:

- **Annual Registration Fee:** \$2,295.00 (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.



Practice Name and Address on CMBC's Register

I, _____, intend to work in the following practice after I receive my registration as a midwife in British Columbia under inter-provincial registration reciprocity.

I confirm that the practice name, address and telephone number should be listed as my business address and business telephone number on the College's Register.

Practice Name: _____

Practice Address: _____

Practice Telephone No.: _____

Signature

Date



COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

POLICY ON INTER-PROVINCIAL REGISTRATION RECIPROCITY for the Mobility of Midwives in Canada

Representatives from Midwifery Regulatory Colleges from across Canada signed a Mutual Recognition Agreement (MRA) on March 23, 2001, to facilitate the mobility of registered midwives across the country. This agreement has been updated and reaffirmed each time another Canadian province or territory has proclaimed its regulation of midwifery. In this MRA, midwifery regulatory bodies from British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec and the Northwest Territories set out the conditions for a general registrant to have her qualifications recognized by a College in another province or territory.

As a result of amendments to Chapter 7 of Canada's Agreement on Internal Trade (AIT), as of April 1, 2009, all professional MRAs have been replaced by a process for registering an exception necessary to achieve a legitimate objective, such as the protection of human health. The goal of the AIT, agreed to by federal, provincial and territorial governments, is to achieve full labour mobility for workers in regulated occupations in Canada.

In addition to registering an exception as noted above, Articles 706.3 and 706.4 of Chapter 7 permit regulatory bodies to impose certain requirements on inter-provincial applicants. Based on Articles 706.3 and 706.4, the College of Midwives of British Columbia will register midwives currently registered in other Canadian jurisdictions as follows:

1. An applicant for registration with the College of Midwives of British Columbia (CMBC) under the provisions of Chapter 7 of AIT will be eligible for registration without additional assessment subject to the following requirements:
 - a) The applicant must be a general registrant with no practice conditions or restrictions in one of the other Canadian provinces or territories that regulates midwifery;
 - b) The applicant must give consent for the regulatory body in the Canadian jurisdiction(s) in which she is currently or has been previously registered to provide the CMBC with a *Letter of Good Standing*, with that regulatory body setting out any relevant information on the applicant's conduct as a midwife¹;

¹ "Letter of Good Standing" will normally be obtained directly from the regulatory college in the province of origin. Such "Proof" has been agreed to include that the applicant has general registration status, with no conditions or limitations placed on her registration, is not in default of fees, meets all continuing competency requirements in the province of origin (and what those are) and has had no disciplinary findings against her in the previous six years of practice. Regulators have also agreed to provide each other with registration information which would include disciplinary findings, outcomes of settled complaints/consent agreements, any suspensions, conditions or limitations imposed on the applicant's registration, and whether a complaint or other investigation is currently in process (with the understanding that this is a "yes/no" response and further information about a current proceeding cannot be shared). Regulatory colleges reserve the right to wait for investigations that are in process to be concluded prior to granting registration.

- c) The applicant must meet clinical experience requirements as set out in the Bylaws for the College of Midwives of BC and outlined in Appendix "A"² and must be able to document this experience to the satisfaction of the CMBC;
 - d) The applicant must demonstrate proficiency in English to ensure proper communication and public protection in the practice of midwifery in the province of BC. The requirement is only applicable where the applicant was not required to meet or has not met an equivalent requirement to demonstrate proficiency in English in the province or territory where she is currently registered. Information about how to demonstrate an acceptable level of English language proficiency is available from the CMBC;
 - e) The applicant must satisfy any other non-competency registration requirements specified by the laws of British Columbia, regulations and CMBC by-laws³;
 - f) The applicant must have completed and submitted the prescribed application form with related documents;
 - g) The applicant's current and past registration(s) must be verified⁴; and
 - h) The applicant must pay the fees required.
2. 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 under this policy but will be subject to the same new registrant requirements as set out in CMBC's *New Registrants Policy* that applies to all other BC registrants in their first year of registration.
 3. The applicant must have current neonatal resuscitation certification and current cardiopulmonary resuscitation that meet CMBC requirements in order to register as a midwife in BC. An applicant who comes from a jurisdiction that does not require certification for neonatal intubation and/or umbilical vein catheterization as a part of neonatal resuscitation certification will be required to obtain such certification prior to registration. This certification is readily available across Canada. If the applicant does not have current emergency skills certification that meets the CMBC requirements, the applicant will be given conditional registration and a period of up to six months as a conditional registrant to re-certify in emergency skills. Until her emergency skills certification is current, the registrant will be required to attend all births with another registrant whose emergency skills certification is current.

² Where the applicant meets all of the requirements with the exception of home/out of hospital/hospital experience due to provincial/territorial barriers which may be legislative, jurisdictional or administrative, the applicant's clinical experience will be accepted with the understanding that temporary conditions will be applied to address these requirements. (e.g. orientation to home or hospital birth practice within the first month of registration and/or supervision for five home or hospital births).

³ E.g. criminal record clearance, professional liability insurance, good character consistent with the responsibilities of a registrant, etc.

⁴ Verification will be done directly between regulatory colleges.

4. A registrant of a Canadian regulated jurisdiction who does not meet Chapter 7 criteria as relates to the requirements specified above, such as a registrant with conditions or restrictions on her registration, may apply for BC registration and may have her application considered. The CMBC may register the applicant with conditions or restrictions or may decline her application, based on the Approval Panel of the Registration Committee's assessment of that application.
5. All inter-provincial applicants must review a CMBC registration orientation package addressing BC-specific regulations, standards and practice issues, and pass the BC Jurisprudence Examination on BC specific knowledge essential to practice, such as consultation and transfer requirements and midwives' prescribing and diagnostic testing authority. The BC Jurisprudence Examination is not more than two hours in length, takes a short period of preparation time and can be accessed any time during the year. If the applicant does not demonstrate competence via the examination, the applicant may be given conditional registration and an opportunity to prove competency in those areas.
6. BC temporary registration and liability insurance coverage is available on a monthly basis to registrants from other Canadian provinces who meet the above requirements. Temporary registration can facilitate such things as locum coverage and visiting faculty being affiliated with midwifery practices.
7. An inter-provincial applicant who is applying for temporary registration of less than one month and who can provide proof of 1) current general registration in her home province or territory and 2) liability coverage from her home province or territory that has been extended to cover her practice in British Columbia, may be exempted from the written examination requirements under #5 above and may be granted temporary registration with conditions at the discretion of the Approval Panel of the Registration Committee.

APPENDIX "A"

CLINICAL EXPERIENCE

The following clinical experience must have been completed during the previous five years (and may include experience obtained as a student of midwifery):

Number of Births	Role/Setting
60	Attendance
30 (of 60)	as a midwife providing "continuity of care" *
40 (of 60)	as primary midwife **
5 (of 40)	Home/out of hospital ***
5 (of 40)	Hospital ***

For the purposes of labour mobility in British Columbia:

- * continuity of care shall be deemed to have been provided to an individual woman and her newborn when one midwife, or student of midwifery, has attended a minimum of seven visits with the woman, including a minimum of 3 antenatal visits and 1 postnatal visit, and her labour and birth.
- ** 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. 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.
- *** Note: where applicants meet all requirements but are unable to obtain home/out of hospital/hospital experience due to provincial/territorial barriers, see footnote to 1(c) of this policy.