

## New Registrant Requirements<sup>1</sup> Reporting Form

*(To be submitted to the College of Midwives of BC upon completion of the New Registrant requirements specified below)*

**New Registrant Name:** \_\_\_\_\_

**I hereby confirm that I have fulfilled the New Registrant requirements by:**

- Working within an established practice sharing care with a mentor midwife or midwives for a total period of at least 6 months, and  
 Providing care throughout pregnancy, labour and the postpartum period as principal midwife to 20 clients and their newborns.

**New Registrant Comments (if any):** \_\_\_\_\_

**New Registrant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Mentorship Details

Midwifery Practice Name	Mentoring Midwife/Midwives <sup>2</sup>	Duration of Mentorship <i>(Total period must be ≥ 6 months)</i>		# of Births Attended with Continuity <i>(Total must be ≥ 20)</i>	Comments	Mentor Initials
		From	To			

<sup>1</sup> Please refer to *New Registrants Policy* in the Registrants Handbook.

<sup>2</sup> If you have more than one midwives in the same midwifery practice mentoring you, please insert their names in the same box and have one of them initial as their representative to confirm that the mentorship is complete. Please append more pages of the forms as necessary.