



APPLICATION TO ESTABLISH AN ALTERNATE PRACTICE ARRANGEMENT

This form is to be completed by midwives who wish to establish an Alternate Practice Arrangement (APA). For more information, please refer to the *Policy on Alternate Practice Arrangements*.

A. Midwife Information

Date:	
APA Practice Name:	
APA Practice Address:	
APA Applicant Midwives and Registration Numbers:	

B. Demographic Information

1. Describe the geographic catchment area to be served:

2. How many client/families do you believe that this project will serve annually?

C. Standards of Practice Deviations

3. List and provide the rationale for each proposed deviation from the *Standards of Practice Policy*:

4. Please list any new competencies, skills and/or knowledge that you will gain while working in an APA that may be useful to midwifery practice if and when you return to the Standard Model? (e.g. complex cardiac care planning, etc.)

5. Please list any competencies, skills and/or knowledge that may require support to regain if and when you return to the Standard Model? (e.g. home birth services, postpartum care, etc.)

D. APA Practice Information

6. Please describe how you will communicate the details of client care provided by your APA as compared to care delivered by the Standard Model (e.g. on your website, client information documents, etc.). Please attach examples of and links to *information provided publicly*.

7. In a letter (maximum three pages, single spaced), describe how your arrangement will, where appropriate:
- contribute to a high quality of perinatal care in context of proposed exceptions to *Standards of Practice Policy*;
 - address a perinatal care need; please include population and demand data related to the target population and/or providers in the catchment area if relevant;
 - contribute to a high level of client satisfaction;
 - improve access to perinatal care;
 - contribute to health promotion and disease prevention;
 - maintain or increase clinical learning opportunities for midwifery and other students; and
 - include a sustainable funding model.
8. In a letter (maximum one page, single spaced), please describe your plan for self-evaluation and quality assurance for your proposed APA.

E. Declaration

I agree to inform my clients that the midwifery care they are receiving is within the context of an Alternate Practice Arrangement.

I have reviewed CMBC's *Policy on Alternate Practice Arrangements, Midwives Regulations, and Bylaws for the College of Midwives of BC*, and agree to provide care consistent with the standards outlined in these documents.

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

**APPLICATION TO ESTABLISH AN ALTERNATE PRACTICE ARRANGEMENT
PAYMENT FORM**

APA Practice Name:	
--------------------	--

Instructions to Registrant(s)

Please note that incomplete forms, including forms not accompanied by payment, will not be processed.

Please send completed form with the required \$100.00 fee to:

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA
#603 - 601 West Broadway, Vancouver, BC V5Z 4C2

OR

Fax your request to the CMBC at (604) 730-8908 accompanied by this credit card authorization.

Credit Card Type: VISA MasterCard

Card number: _____ Expiry: _____

Name on card: _____

Signature: _____

Please indicate to whom CMBC should issue a receipt:
