



APPLICATION TO JOIN AN EXISTING ALTERNATE PRACTICE ARRANGEMENT

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

A. Midwife Information

Date:	
Name:	
Registration Number:	
APA Practice Name:	
APA Practice Address:	
APA Practice Partners:	

B. Standards of Practice Deviations

1. 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? (.)

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2. 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.)

C. 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

**APPLICATION TO JOIN AN ESTABLISHED ALTERNATE PRACTICE ARRANGEMENT
PAYMENT FORM**

Name:	
APA Practice Name:	

Instructions to Registrant

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

Please send completed form with the required \$50.00 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:
