



Request for Certificate of Professional Conduct

I hereby request that the College of Midwives of British Columbia release a Certificate of Professional Conduct to the institution named below in support of my application for hospital privileges.

Name of Registrant

Date

.....
Please send the certificate of professional conduct to:

Name of Institution: _____

Mailing Address: _____

Name of Person Requesting Information: _____

Telephone: _____ Fax: _____

.....
Payment (*please select one of the following*)

I will pay the \$30.00 fee for a certificate of professional conduct:

- Online by credit card through my account on the CMBC website; or
- By attaching or sending a cheque.