

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

APPLICATION FOR APPROVAL OF SECOND BIRTH ATTENDANT

SECTION 1 – PROPOSED SECOND BIRTH ATTENDANT INFORMATION									
Name of Proposed Second Birth Attendant: _____									
Qualification									
<p>BC Regulated Health Professionals: <i>Is the proposed second birth attendant currently one of the BC regulated health professionals listed below? If yes, please check the appropriate occupation below and provide the registration number.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Non-practicing Registered Midwife</td> <td style="width: 25%;">Registered Nurse</td> <td style="width: 25%;">Nurse Practitioner</td> <td style="width: 25%;">Licensed Practical Nurse</td> </tr> <tr> <td>Ambulance Attendant or Paramedic</td> <td>Respiratory Therapist</td> <td colspan="2">Registration Number: _____</td> </tr> </table>		Non-practicing Registered Midwife	Registered Nurse	Nurse Practitioner	Licensed Practical Nurse	Ambulance Attendant or Paramedic	Respiratory Therapist	Registration Number: _____	
Non-practicing Registered Midwife	Registered Nurse	Nurse Practitioner	Licensed Practical Nurse						
Ambulance Attendant or Paramedic	Respiratory Therapist	Registration Number: _____							
<p>Obstetrical Nurse: <i>If the proposed second birth attendant is a registered nurse trained in and currently practicing obstetrical nursing, please provide further information below.</i></p> <p>I/we have confirmed that this proposed second attendant is a registered nurse trained in and currently practicing obstetrical nursing, and is currently employed at: _____ Name of hospital</p>									
<p>Other: <i>If the proposed second attendant is not a regulated health professional, the application must also include a copy of an ad seeking a regulated health professional as second birth attendant that has been posted at the local hospital for a minimum 4 weeks immediately prior to the date of application, and a copy of proposed second birth attendant's CV or a summary of her or his relevant education and experience.</i></p> <p>Qualification or Occupation: _____</p>									
Continuing Competencies <i>(The midwife/midwives applying must keep a photocopy of the certificates on file)</i>									
NRP: Date of certification: _____ Certifying organization: _____ All current levels (1-11)									
CPR: Date of certification: _____ Certifying organization: _____ Level: _____									
Criminal Record Review									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">On file with CMBC</td> <td style="width: 33%;">Sent from other regulatory body</td> <td style="width: 33%;">New criminal record check required</td> </tr> </table>		On file with CMBC	Sent from other regulatory body	New criminal record check required					
On file with CMBC	Sent from other regulatory body	New criminal record check required							
Period of Time For Use of Second Birth Attendant <i>If less than a full registration year</i>									
From: _____ To: _____									
Reason For Application									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">solo practice</td> <td style="width: 50%;">usual back-up midwives not available</td> </tr> <tr> <td>remote or isolated practice</td> <td>emergency use when usual back-up midwife is at another birth</td> </tr> <tr> <td colspan="2">other (please explain) _____</td> </tr> </table>		solo practice	usual back-up midwives not available	remote or isolated practice	emergency use when usual back-up midwife is at another birth	other (please explain) _____			
solo practice	usual back-up midwives not available								
remote or isolated practice	emergency use when usual back-up midwife is at another birth								
other (please explain) _____									
SECTION 2 – MIDWIFE/MIDWIVES INFORMATION									
Names of Midwife/Midwives applying:	Community practicing in:								
Midwives currently or usually providing backup: _____									
Approved second birth attendants currently used: _____									

By submitting this application to CMBC, the midwife applicant(s) attest that:

I/We understand that it is my/our responsibility to ensure my/our second birth attendant is knowledgeable and competent to fill the role of second birth attendant as outlined in the CMBC's Policy for Second Birth Attendants. I/We agree to only ask my/our second birth attendant to provide client care within the roles and duties outlined in this policy and this care must be carried out under my/our direct supervision. I/We understand that in order for my/our second birth attendant to legally carry out additional clinical acts such as giving an injection, these acts must be within her/his scope of practice as a regulated health professional. I/We understand that I/we am/are fully responsible for all care provided to my/our clients by my/our second birth attendant and I/we agree that I/we will be present at all times that she/he is providing care to my/our midwifery clients.