

A Form: Request for Information about Education

FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

INSTRUCTIONS TO APPLICANT

Please complete Part 1 and send to an official in your midwifery, nursing, or naturopathic program who is able to answer detailed information about the program and your experience in it.

PART I (to be completed by the applicant)

First Name of Applicant:

Last Name of Applicant:

Middle Name(s) of Applicant, if relevant:

Former Name(s), if relevant:

Date of Birth:

Name of Educational Institution:

Student Number, if any:

Date of Graduation:

I authorize the educational institution named above to disclose to the Internationally Educated Midwives Bridging Program (IEMBP) information that is otherwise confidential. I agree that communication between persons in these organizations pertaining to my application to the IEMBP shall be privileged and I waive any right of disclosure to me of the same.

Applicant Signature:

Date:

BACKGROUND INFORMATION FOR MIDWIFERY EDUCATION PROGRAM

The applicant named above in Part 1 has applied to participate in the Internationally Educated Midwives Bridging Program (IEMBP) with an intention of registering to practice midwifery in Canada. The IEMBP is designed to assist internationally-educated midwives to “bridge” or address gaps in their knowledge or skills as they apply to midwifery practice in Canada. The IEMBP assessors will use the information in this form when they are deciding whether this applicant is eligible for entry to the IEMBP. One of the ways to qualify for the IEMBP includes proof of their education.

INSTRUCTIONS TO THE EDUCATION PROGRAM

1. Please complete all questions in PART II of this form.
2. Please attach program syllabus from the year which the applicant started their midwifery, nursing, or naturopathic education.
3. Email copy of document to the UBC IEMBP Midwifery Program at iembp.admissions@ubc.ca
4. Emails should be sent from an institutional address. In some cases, we may need to follow up and request a hard copy of the forms.
5. If you are unable to fill this form out online, please print and scan to iembp.admissions@ubc.ca and send to:

IEMBP Admissions
UBC Midwifery Program, Faculty of Medicine
201 - 13737 96th Avenue (City Centre 1)
Surrey, BC, Canada
V3V 0C6

Thank you very much for your assistance in providing this important information. We appreciate your time and effort.

PART II (to be completed by the Education Program)

1. Name of Institution:

2. Name of Education Program:

3. Program Recognized by:

4. Name of Accreditation Body for the Institution:

5. Address:

6. Website Address (if available):

7. Usual Length of Program:

8. Hours of Instruction:

	Minimum requirements for graduation in the year the applicant graduated	Number of hours applicant completed
Hours of Theory		
Hours of Clinical Practice		

9. Please provide the names and dates of the applicant's clinical placements:

Placement Site	Date Started	Date Finished

10. Graduation requirements including minimum clinical numbers required for graduation:

Minimum birth requirement this program needs for graduation	
Actual student birth numbers for this candidate	

11. Date graduation requirements met:

12. Qualification granted to student (certificate/diploma/bachelor's degree/master's degree):

13. Please provide a general description of the program during the timeframe that the applicant was a student (Include, if possible, an outline of the program components and time frame, a list of courses, program philosophy and goals, and program competencies).

Additional Information/Comments:

Name of the person filling out this form:

Professional Designation:

Address:

Telephone:

Email:

Signature:

Date: