

B Form: Proof of Professional Conduct

FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

INSTRUCTION TO APPLICANT

Please complete Part 1 and send a copy of this form to each regulatory organization where you are, or have been, a registered midwife.

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 Midwifery Educational Institution:

Student Number, if any:

Date of Graduation:

I authorize the midwifery regulatory organization named above to disclose to the Internationally Educated Midwives Bridging Program (IEMBP) information and the regulatory organization in the province of British Columbia in Canada 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 the 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 past or current registration as a midwife in a regulated jurisdiction.

INSTRUCTIONS FOR REGULATORY ORGANIZATION

This form should be completed by the Registrar, or the Director of Midwifery Regulation, or an equivalent senior person with authority for the regulation of midwives in your country, state or province.

Option 1

1. Please fully complete Part II of this questionnaire. Attach extra pages, if necessary.
2. Provide your name, contact information and professional designation. This information is crucial. We may contact you for further information.
3. Sign and date the form in the place indicated.
4. Email a copy of document to the IEMBP Admissions at iembp.admissions@ubc.ca

Option 2

5. If unable to send via secure email
6. Seal the completed form in an envelope and sign across the seal.
7. Please return the form directly to the IEMBP at the address indicated below via mail or courier. ***Do not give it to the applicant or to any other person as it will be invalidated.***

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

Option 3

If your jurisdiction has online confirmation of registration and good standing, please reply to iembp.admissions@ubc.ca with the link.

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 Regulatory Organization)

APPLICANT'S REGISTRATION STATUS

1. The applicant is currently registered or licensed as a midwife

a. Applicant's Registration number:

b. Applicants initial date of registration: (DD/MM/YY)

OR

The applicant is a former registered or licensed midwife

a. Applicant's former registration number:

b. Applicant's start and end dates of registration

Start: (DD/MM/YY) End: (DD/MM/YY)

Additional Comments:

2. What is the current or most recent category of midwifery registration or license the applicant has had? (example categories: general, restricted, provisional, temporary, non-practicing)

3. Has the applicant ever had restrictions on their midwifery registration or license?

Yes
 No

If yes, please describe:

4. Are there any restrictions on their midwifery registration or license that currently apply?

- Yes
- No

If yes, please describe:

Additional Comments:

MAINTENANCE OF ONGOING REGISTRATION REQUIREMENTS

5. The applicant is/was current in reporting all information required by the regulator for midwifery in your country/state/province.

Yes
 No

Additional Comments

6. The applicant is/was current in meeting all continuing competency requirements, professional skills re-certification requirements or professional development requirements for midwives in your jurisdiction

Yes
 No

Additional Comments

7. Please complete the table with information about any courses, programs or other requirements that midwives must complete in order to maintain their registration or license as a midwife:

Name of required certification course or workshop	Required frequency of recertification	Date of applicant's last recertification on record
Neonatal Resuscitation	Every two years	March 28 th , 2008
1.		
2.		
3.		
4.		
5.		

(examples)

Additional Comments:

8. Has the applicant met all other requirements for maintaining ongoing registration or licensure as a midwife during the period that she was registered in your jurisdiction?

Yes
 No

Additional Comments:

INFORMATION ON PROFESSIONAL CONDUCT

9. Do any of the following situations apply to the applicant? Please check all boxes that apply.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	There is an inquiry, complaint, investigation or disciplinary proceeding currently in process regarding the applicant's professional practice, competence, ethics or other conduct as a midwife.
<input type="checkbox"/>	<input type="checkbox"/>	A judgment of professional misconduct, incompetence or incapacity as a midwife was brought against the applicant.
<input type="checkbox"/>	<input type="checkbox"/>	Conditions or limitations were placed on the midwifery practice of the applicant, due to misconduct, incompetence or incapacity
<input type="checkbox"/>	<input type="checkbox"/>	The applicant consented to meet conditions or educational requirements, or to not repeat conduct, or to a caution or reprimand, or to pay a fine.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant was cautioned or reprimanded, or fined.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant accepted (entered) a form of mediation or alternate dispute resolution.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant's registration or license as a midwife was suspended.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant's registration or license as a midwife was cancelled.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant was denied registration or licensure as a midwife.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant's registration or license was revoked.

If any of the boxes in question 9 are checked, please attach all publicly available documents and, where allowed, provide a description below of the situation and its resolution.

If a matter is still in process, and this information is not yet public, when is resolution expected: DATE:

Additional Comments:

10. is there any other information about the applicant that you reasonably believe is relevant to her/his ability to practice midwifery safely and ethically in another jurisdiction? If yes, please provide details.

11. Are you aware of any other jurisdictions in which the applicant has ever been registered?
If yes, please list.

Additional comments:

Name and Professional Designation of the person filling out this:

Address:

Telephone No:

Email address:

Signature:

Date: