

# C Form: Request for Verification of Midwifery Clinical Experience

## FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

### INSTRUCTIONS TO APPLICANT

Please complete Part 1 and send to a colleague, supervisor or other qualified person who has observed you in your work as a midwife, or has access to official records and can provide details about your clinical experience

#### **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:

I authorize the midwifery 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 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.

### INSTRUCTIONS TO CLINICAL EXPERIENCE REFEREE

We are aware that you may only be able to verify some of this applicant’s experience. The applicant will be submitting additional evidence of their midwifery experience. In this form, **please only verify births that you have seen or directly supervised, or for which you have access to related records at your institution or practice.**

1. Please fully complete Part II below. 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 copy of document to the Manager | Student Services, UBC Midwifery at [iembp.admissions@ubc.ca](mailto:iembp.admissions@ubc.ca)  
If you are unable to send this form electronically, please:
5. Seal the completed form in an envelope and sign across the seal.
6. Mail or courier this form to the address indicated below.
7. Do not give it to the applicant or to any other person as it will be invalidated.

**MAIL DIRECTLY 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 clinical experience referee)

### 1. Relationship to Applicant:

☐ Colleague ☐ Preceptor ☐ Supervisor ☐ Other

### 2. Please describe your relationship with the applicant and how you are able to verify their clinical experience:

Please be as specific as possible with dates. If you can verify clinical experience from several nonconsecutive time periods, please list them separately.

For example: May 2001 - April 2002 St. Andrew's Hospital  
Sept 2003 - March 2004 St. Andrew's Hospital

The births that I am verifying took place in the following dates(s) and location(s):		
From (month/year)	To (month/year)	Practice or Clinical Site Name and Location

### **Please complete the following tables using these definitions:**

**Primary/Principal Midwife** - The primary (principal) midwife is a midwife with complete, non-delegated, responsibility for the care of a woman and her newborn. The primary midwife is normally responsible for managing the labour and delivery and for the immediate care of the newborn. In cases where complications arise, the primary midwife makes the decision to transfer care, coordinates the transfer, collaborates with the health professional to whom she has referred her client, and provides supportive care after the transfer occurs. Supervised student midwives who act in the role of primary midwife are also included in this definition.

**Other Midwife** - The other midwife is a midwife acting in a role other than Primary Midwife.

**Continuity of Care** - Applicants have provided continuity of care to a single client, if they have met with the client prior to the birth, attended the birth and had at least one visit post partum.

**Out-of-hospital birth** - A birth conducted by a midwife in a setting without on-site surgical (cesarean section) and/or anesthetic (epidural) capabilities. Such sites may include homes, birth centres,

nursing stations and some hospitals.

3. Part of the IEMBP's assessment of clinical practice is to determine the applicant's overall amount of clinical experience and also the applicant's recent or current experience. In order to assist this determination please complete the following tables:

I can verify that the applicant was PRIMARY MIDWIFE at the following number of births:			
Total number of births managed as primary midwife		Number in the last 5 years. Dates:	
In the following spaces please provide a breakdown from the overall total above:			
Number of births in a hospital setting		Number in the last 5 years. Dates:	
Number of births in an out-of-hospital setting		Number in the last 5 years. Dates:	

The numbers above are based on:

- ☐ Actual records  
☐ Estimates

Name and Professional Designation of the person filling out this form:	
<input type="text"/>	
Address:	
<input type="text"/>	
Telephone No:	<input type="text"/>
Email Address:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>