

THE UNIVERSITY OF BRITISH COLUMBIA



Midwifery Program
Department of Family Practice
Faculty of Medicine
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Applicant Name:

You must disclose all information that relates to you and the practice of midwifery, or is otherwise relevant to the safe and ethical practice of midwifery, regardless of where the event took place.

Do any of the following situations or circumstances apply to you?

- 1) Yes No a finding of professional misconduct, incompetence or incapacity by a regulatory authority¹,
- 2) Yes No an investigation in process with a regulatory authority,
- 3) Yes No a reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint,
- 4) Yes No an agreement to an undertaking made by consent with a regulatory authority,
- 5) Yes No a dismissal for cause by an employer,
- 6) Yes No a denial of registration by a regulatory authority,
- 7) Yes No a voluntary resignation of your registration on the request or advice of a regulatory authority,
- 8) Yes No any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest,
- 9) Yes No a coroner's investigation, inquiry or inquest that is in process,
- 10) Yes No a denial of, suspension or restriction (or modification) of hospital admitting privileges or permit to practice,
- 11) Yes No a voluntary resignation of your hospital privileges on the request or advice of a hospital/health authority administration,
- 12) Yes No a professional liability insurance claim,
- 13) Yes No a settlement or judgement in any civil law suit or particulars of any civil action that is pending where the applicant is a party, and
- 14) Yes No convictions in relation to any federal or provincial offence.

If you checked Yes to any of the above, list on a separate piece of paper all incidents that relate to the relevant disclosure requirement. Include the nature of complaint or incident, the date of the incident, names and addresses of individuals, institutions, agencies or professional organizations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable include a comprehensive summary addressing what you learned and the ways in which any deficits in ethics, clinical practice or preparation revealed by the matters disclosed have been remedied.

Failure to disclose any information of any previous, present, or pending matter may result in your application being rejected.

¹ "Regulatory authority" means a regulatory college, professional association or governmental body that regulates a profession.

Signature: _____ Date: _____