

Notarization Form

FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

First Name of Applicant:
Last Name of Applicant:
Middle Name of Applicant, if applicable:
Permanent Address:
Telephone:
Email Address:

- Staple your 5x7 cm photo here.
- You must sign the back to indicate the photo is a true likeness of you
- A Notary must sign the back to verify that this is a true likeness of you

ENGLISH FLUENCY

I, _____ of _____, do solemnly declare that:
(First name, Last name) (City, Province, Country)

I qualify for exemption from the English language testing requirement under Exemption Criteria C, because I have:

- Lived in an approved English-dominant country for four of the six years immediately prior to the IEMBP Application being submitted
- Lived and studied in an English-dominant country in English-only schools for at least four years in secondary and/or post-secondary institution.

AND I make solemn declaration, conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Full name of Applicant (please print):

Signature of Applicant:

Date:

Initial of Notary Public or Lawyer (authorized to take oaths):

AUTHORIZATION

I, _____ of _____, here by authorize the
(First name, Last Name) (City, Province, Country)

IEMBP and the British Columbia College of Nurses and Midwives, to make such inquiries about me or the services I have provided as a midwife as is considered appropriate in connection with my IEMBP Application and my intended future application for registration as a midwife.

I authorize any of my clients, employers, associates or any other person or organization that the IEMBP or the British Columbia College of Nurses and Midwives may approach to release information about me or the services I have provided. I agree that any communication between the IEMBP or the British Columbia College of Nurses and Midwives and other persons pertaining to this Application and my intended future application for midwifery registration shall be privileged and I waive any right of disclosure to me of such confidential information.

I further authorize the IEMBP or the British Columbia College of Nurses and Midwives, to disclose information about me or the services I have provided to other regulatory authorities, hospitals and other institutions to which I may apply for registration, appointment or employment.

I understand that any information provided by me or any other person or organization concerning this application may be used to assess my eligibility for the IEMBP and for registration as a midwife (if I apply).

I authorize the use of the information provided in my application, in anonymous format, for statistical evaluation of the IEMBP. Also, I understand that if I request to cancel my Application after I have finalized it, a small amount of information that is not personally identifiable will NOT be deleted, to allow for statistical analysis.

Full name of Applicant (please print):

Signature of Applicant:

Date:

Initial of Notary Public or Lawyer (authorized to take oaths):



CERTIFICATION

I, _____ of _____, hereby declare the
(First name, Last name) (City, Province, Country)
following:

I am the person applying for entry to the Internationally Educated Midwives Bridging Program under the name, via my IEMBP Application.

I certify that the information contained in my IEMBP Application, this Notarization Form, and related documents provided by me are true and complete to the best of my knowledge and belief.

I understand that any false or misleading statement or representation made by me in my IEMBP Application or in this Notarization Form may disqualify me from eligibility for the IEMBP and registration as a midwife, or may be cause for revocation of any assessment decision or subsequent registration as a midwife which that is granted to me:

Full name of Applicant (First name, Last name - **please print**): _____

Signature of Applicant: _____

Date: _____

Initial of Notary Public or Lawyer (authorized to take oaths): _____

Notary Public or Lawyer (authorized to take oaths): Please complete the declaration below, and stamp or place a seal on this page.

I declare that I have witnessed this document being signed (in the places I have initialed above) by the individual shown in the accompanying photograph, which I have verified and signed.

I have checked the photo identification of the person who signed this application, and I am satisfied that she/he is the person named as the application -

Signature of Notary Public or Lawyer (authorized to take oaths):

Date:

Location:



Full Name of Notary Public or Lawyer (authorized to take oaths) (please print):

Address of Notary Public or Lawyer (authorized to take oaths):

Telephone Number of Notary Public or Lawyer (authorized to take oaths):