A Form: Request for Information about Midwifery Education

FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

INSTRUCTIONS TO APPLICANT

Please complete Part 1 and send to an official in your midwifery 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 Midwifery Educational Institution:

Student Number, if any:

Date of Graduation:

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 (IEMP) 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 MIDWIFERY 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 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
   Internationally Educated Midwives Bridging Program (IEMBP)
   Faculty of Medicine
   2nd Floor, UBC Administration, 13737- 96th Ave - City Center 1
   Surrey, BC V3V 0C6 Canada

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 Midwifery Education Program)*

1. Name of Institution:

2. Name of Midwifery Program:

3. Midwifery program recognised by:

4. Name of Accreditation Body for your institution:

5. Address:

6. Website address (if available):

7. Usual length of Program:

8. Hours of Instruction

	Minimum Requirements required 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 course needs for Graduation	
Actual Student Birth Numbers for this candidate	

11. Date graduation requirements met:

12. Qualification granted to Applicant (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 timeframe, a list of courses, program philosophy and goals, and midwifery program competencies).

Additional Information/Comments:

Name of the person filling out this:

Professional designation

Address:

Telephone:

Email:

Signature: Date