

# A Form: Request for Information about Midwifery Education

FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

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## 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)**

Full Name of Applicant:

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 (IEMBP) 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 Manager | Student Services, UBC Midwifery at [iembp.info@ubc.ca](mailto:iembp.info@ubc.ca)
4. Mail or courier this form, and any supporting documents, to the address indicated below. A RECEIVED HARD COPY IS REQUIRED FOR VALIDATION

*Do not provide it to the applicant as this will invalidate the form.*

### MAIL DIRECTLY TO:

INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM  
c/o Blake Dobie  
Suite 300 – 5950 University Boulevard  
David Strangway Building  
Vancouver, British Columbia V6T 1Z3  
Canada  
Tel: 604 822 0352

Thank you very much for your assistance in providing this important information. We appreciate your time and effort.

1. Name of Institution:

2. Name of Midwifery Program:

3. Address:

4. Website address (if available):

5. Length of Program:

6. Hours of Theoretical Instruction and Clinical Practice:

	Minimum Requirements required for graduation in the year the applicant graduated	Number of hours applicant completed
<i>Hours of Theory</i>		
<i>Hours of Clinical Practice</i>		

7. Please provide the names and dates of the applicants clinical placements:

8. Graduation requirements including minimum clinical numbers required for graduation:

Minimum Birth Requirements for Graduation	
Actual Student Birth Numbers	

9. Date graduation requirements met:

10. Qualification granted to Applicant:

11. 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 and Professional Designation of the person filling out this form:

Address:

Telephone No:

Email Address:

**Signature:**

**Date:**