

Quality Assurance Declaration of Currency and Competency

The BC College of Nurses and Midwives (BCCNM) recognizes that current clinical experience, selfassessment and continuing professional development contribute to a general registrant’s knowledge, skills and ability to provide midwifery care. The following declarations reflect the requirements for currency and competency as outlined in BCCNM’s *Quality Assurance Program Framework*.

Registrant’s Name: _____ BCCNM ID: _____

1. As Principal Midwife¹ I have provided the following over the past 36 months, in a regulated Canadian jurisdiction:

- I. Prenatal care Yes No
- II. Intrapartum care at home Yes No
- III. Intrapartum care in hospital Yes No
- IV. Postpartum care Yes No

If you answered **No** to any of the above questions:

- V. Do you work in a BCCNM-approved Alternate Practice Arrangement? Yes No

If **Yes**:

- VI. I work in a BCCNM-approved Alternate Practice Arrangement and agree to abide by the terms and conditions set out in my Letter of Agreement with BCCNM. Yes No

If you answered **No** to one or more of the above and have indicated that you do not work in a BCCNM-approved Alternative Practice Arrangement, please provide an explanation for each answer which is a No:

2. I have the knowledge, skills, and ability to provide (as Principle Midwife):

- I. Prenatal care Yes No
- II. Intrapartum care at home Yes No
- III. Intrapartum care in hospital Yes No
- IV. Postpartum care Yes No

¹ Principal Midwife: a midwife who takes primary responsibility for and provides midwifery care. This includes the delivery of prenatal care, management of the first, second, and third stages of labour, and the delivery of postpartum care. Where a midwife is providing direct supervision to a student midwife, provisional midwife, or practising midwife registrant, the midwife can count care provided and births attended as Principal Midwife.

If you answered **No** to one or more of the above, please provide an explanation for each answer which is a No:

I understand and agree to comply with BCCNM's [Policy on Continuing Professional Development](#).

If you answered **No**, please provide an explanation:

I attest to the truth of the above declarations.

Registrant's name (print): _____ Registrant's Signature: _____