

Reference

Instructions for completion of reference form

Your three professional referees, each completing their individual reference form, must be either (a) a midwife currently registered or licensed in a regulated jurisdiction in Canada (b) a perinatal or maternity nurse currently registered in Canada, or (c) a physician currently licensed in Canada.

At least one reference must be from a midwife registered or licensed in Canada. It is also acceptable to submit references from three registered midwives.

Each referee must have observed your practice as a **midwife** or as a **student midwife** within the past five years in a regulated jurisdiction in Canada and must not be related to you.

One of your referees must be able to verify your clinical experience numbers to meet the registration requirements. This can be done by a separate letter and enclosed with the returned reference form.

Each of the three reference forms should be completed as follows:

1. Please print your name and the name of the referee at the top of the reference form and indicate the referee's professional designation.
2. Attach a photograph of yourself taken within the past year to each form.
3. Ask each referee to confirm that the photograph is a true likeness of you.
4. Ask each referee to complete the form (all remaining sections) and return it directly to BCCNM.
5. Follow up with the referees to ensure that they have submitted the completed reference forms directly to BCCNM. Do not have referees return reference forms to you – this will invalidate them.

Each referee may return the completed reference form to BC College of Nurses and Midwives (BCCNM) by mail or by email (refer to the instructions for referee for details).

PLEASE NOTE: It is essential that all of the above instructions be complied with to avoid delay in processing your application.

Reference Form for Applicant for Registration

Applicant's Photo

1. If the referee chooses to return the completed reference form to BCCNM by mail, please attach your photo taken within the past year and certified by the referee to be a true likeness of you. OR
2. If the referee chooses to return the completed reference form to BCCNM by email, please email your photo taken within the past year to your referee and have your referee forward the photo to BCCNM with the reference form confirming the photo is a true likeness of you.

BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

#900 – 200 Granville Street, VANCOUVER, B.C. V6C 1S4

Tel: (604) 742-6200 Fax: (604) 899-0794

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT: _____

I authorise the referee to disclose to BC College of Nurses and Midwives (BCCNM) information that is otherwise confidential.

NAME OF REFEREE: _____

Indicate the referee's professional designation: Midwife Nurse Physician

INSTRUCTIONS FOR REFEREE

BCCNM is entrusted with protecting public safety by ensuring that BC registered midwives are competent, safe and ethical in their practice. Your personal knowledge of this applicant is important in judging the applicant's suitability for registration.

Please explain any indications of problems or concerns you may have regarding the applicant's suitability for registration. Attach additional pages if needed. Please ensure that any additional pages clearly note the name of the applicant and are numbered in sequence.

If you choose to return the completed reference form to BCCNM by mail, please seal the completed reference form in an envelope, sign across the seal and return the reference form directly to BCCNM at the address indicated above via regular mail. Do not give it to the applicant or to any other person.

If you choose to return the completed reference form to BCCNM by email, please send it as an attachment in an email to registermidwives@bccnm.ca. Use the applicant name and reference for the subject line. Do not copy the applicant or any other person of your email.

1. In what capacity, when, and for how long have you observed this applicant working as a midwife or as a student midwife?

2. Have you observed the applicant conduct deliveries as a primary care provider as a midwife or as a student midwife?

Yes, as a midwife Yes, as a student midwife No

3. If you are able, please verify the applicant's clinical experience in the past five years in the following areas:

Number of births attended as a midwife: _____

Number of births attended as a midwife providing continuity of care¹: _____

Number of births attended as a primary midwife²: _____

Number of births attended as a primary midwife in an out-of-hospital setting: _____

Number of births attended as a primary midwife in a hospital setting: _____

4. If you are a physician, has the applicant referred clients to you for consultation or transfer of care?

Yes No

Please comment if you have concerns about any consultation or transfer of care as referred by the applicant.

Yes No

If yes, please explain:

1 For applicants applying for registration under the Canada's Agreement on Internal Trade or applying for reinstatement of registration, continuity of care shall be deemed to have been provided to an individual client and the newborn when the midwife has met and provided care to the client prenatally, prior to attending the labour and birth. For applicants applying for registration under BCCNM's recognized midwifery education program, continuity of care shall be deemed to have been provided to an individual client and the newborn when a student of midwifery has attended a minimum of six visits with the client and the labour and birth.

2 A midwife who, in practice or as a part of an education program, is the most responsible care provider for a client during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn and managing the third stage of labour, unless there were clinical indications for transferring care to a physician. If transfers of care exceed 20% of the primary midwife requirement, a detailed chart audit will be required. If transfers of care exceed 30% of the requirement, temporary conditions on registration may be required.

5. Are you aware of any problems regarding the applicant's physical health or mental health that would impair the applicant's ability to practice as a midwife?

Yes No

If yes, please explain:

6. Are you aware of any alcohol or substance abuse of the applicant that would impair the applicant's ability to practice as a midwife?

Yes No

If yes, please explain:

7. Are you aware of any cases where the applicant was involved in providing care which were referred to the coroner for investigation?

Yes No

If yes, please explain:

8. Are you aware of any complaints regarding the applicant, which have resulted in an investigation or disciplinary proceeding?

Yes No

If yes, please explain:

9. Please provide a narrative comment on this applicant's character, ie do you consider the applicant of good character, ethical, and reliable?

Yes No

If yes, please explain:

10. Do you consider this applicant to have adequate midwifery knowledge and skills to provide an acceptable quality of safe midwifery care? Please explain your reasoning.

11. Please provide additional information with respect to the applicant's professional conduct, which you believe that BCCNM should take into consideration.

TO BE COMPLETED BY REFEREE

I have read and understand the instructions for referee and I am the person completing the reference form.

Name of Referee: _____

Professional Designation: _____

Professional Regulatory Body: _____

Registration No.: _____ Email: _____

Address: _____

Telephone No.: _____ Date of Completion: _____

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