



# BC COLLEGE OF NURSES AND MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body:

**British Columbia College of Nurses and Midwives (BCCNM)**

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

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## Contact us

### GENERAL INQUIRIES

604.742.6200

1.866.880.7101 toll-free within  
Canada only

[info@bccnm.ca](mailto:info@bccnm.ca)

### REGISTRATION

[register@bccnm.ca](mailto:register@bccnm.ca)

[registermidwives@bccnm.ca](mailto:registermidwives@bccnm.ca)

### REGULATORY POLICY & PROGRAMS

[practice@bccnm.ca](mailto:practice@bccnm.ca)

### COMPLAINTS

[complaints@bccnm.ca](mailto:complaints@bccnm.ca)

Fax 604.899.0794



## APPLICATION TO JOIN AN EXISTING ALTERNATE PRACTICE ARRANGEMENT

This form is to be completed by midwives who wish to join an existing Alternate Practice Arrangement (APA). For more information, please refer to the *Policy on Alternate Practice Arrangements*.

### A. Midwife Information

Date:	
Name:	
Registration Number:	
APA Practice Name:	
APA Practice Address:	
APA Practice Partners:	

### B. Standards of Practice Deviations

1. Please list any new competencies, skills and/or knowledge that you will gain while working in an APA that may be useful to midwifery practice if and when you return to the Standard Model? (.)

2. Please list any competencies, skills and/or knowledge that may require support to regain if and when you return to the Standard Model? (e.g. home birth services, postpartum care, etc.)

**C. Declaration**

I agree to inform my clients that the midwifery care they are receiving is within the context of an Alternate Practice Arrangement.

I have reviewed CMBC's *Policy on Alternate Practice Arrangements*, *Midwives Regulations*, and *Bylaws for the College of Midwives of BC*, and agree to provide care consistent with the standards outlined in these documents.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date