

# D Form: Professional Reference and Clinical Experience

## Confirmation Form

FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

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### BACKGROUND INFORMATION

The applicant indicated below in Part I has applied to participate in the Internationally Educated Midwives Bridging Program (IEMBP) with an intention of registering to practice midwifery in Canada. This pre-registration bridging program 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 past or current registration as a midwife in a regulated jurisdiction. Also, IEMBP applicants must provide evidence of their identity and proof that they are ethical, safe and responsible practitioners.

If this applicant completes the IEMBP and applies for midwifery registration in Canada, the midwifery regulatory organization (the organization that regulates the profession of midwifery in the public interest) in that province or territory will also use the information in this form to make their registration assessment decision. Sharing your knowledge of this applicant through completion of this form is important for making these assessments.

### INSTRUCTIONS FOR REFEREE

**\*NOTE: If you have received this form electronically, please print the application form and the digital photo and follow the instructions below. The applicant has authorized you to provide this confidential information and understands that any information you provide will not be disclosed to the applicant.**

1. Sign the back of the photo verifying that it is a true likeness of the applicant.
2. Fully complete Part II of this reference form. Attach extra pages, if necessary.
3. Provide your name, contact information, professional designation, and registration/license number in the designated box at the end of the reference form. This information is crucial. We may contact you for further information.
4. Sign the reference form in the place indicated.
5. Email copy of document to the Manager | Student Services, UBC Midwifery at [iembp.info@ubc.ca](mailto:iembp.info@ubc.ca)
6. Seal the completed reference form in an envelope and sign your name across the seal.
6. Please return the reference form directly to the IEMBP via mail or courier.



Do not give this form to the applicant or to any other person as it will be invalidated.

**ALL steps above must be completed for this reference form to be accepted.**

**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.



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FOR UBC'S INTERNATIONALLY EDUCATED MIDWIVES BRIDGING PROGRAM

## INSTRUCTIONS TO APPLICANT

Please complete Part I and send a copy of this form to each of your Referees.

### PART I (to be completed by the applicant)

Full Name of Applicant:	Passport photo of applicant
Name of Referee:	
Indicate the referee's professional designation:	Referee: Please sign the back of the photo to verify it is a true likeness of applicant.
Name of Midwifery Regulatory Organization:	
Student Number, if any:	
Date of Graduation:	
I authorize the midwifery regulatory organization named above to disclose to the Internationally Educated Midwives Bridging Program (IEMBP) information and the regulatory organization in the province of British Columbia in Canada 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:

**PART II (to be completed by the Referee)**

1. In what role have you observed this applicant working as a midwife?
  
2. Where did you observe this applicant working as a midwife?
  
3. During what period of time did you observe this applicant working as a midwife? (please give years and specific dates if possible)
  
4. Have you directly observed the applicant conduct deliveries on their own responsibility?  
 YES       NO
5. If you are a physician, has the applicant referred clients in their care to you for consultation or transfer of care?  
 YES       NO       NOT APPLICABLE
6. To your knowledge, does the applicant have any mental health issues, or substance abuse problems that would impair their ability to practice as a midwife?  
 YES       NO  
  
If Yes, please explain:
  
7. Are you aware of any complaints regarding the applicant, which have resulted in an investigation or disciplinary proceeding?  
 YES       NO  
  
If Yes, please explain:

8. Do you consider this applicant to be honest, trustworthy, and ethical?

YES       NO

If *No*, please, explain:

9. Do you believe that this applicant conducts themselves with appropriate professional behavior?

YES       NO

If *No*, please, explain:

10. Do you believe the applicant practices midwifery safely?

YES       NO

If *No*, please, explain:

11. Do you have any additional information with respect to the applicant's professional or ethical conduct you believe should be disclosed to the IEMBP?

YES       NO

If *Yes*, please explain:

**PART III – Clinical Experience (to be completed by referee)**

We are aware that you may only be able to verify some of this applicant’s experience. The applicant will be submitting additional evidence of their midwifery experience. In this form, **please only verify births that you have seen or directly supervised, or for which you have access to related records at your institution or practice.** Please fully complete Part II below. Attach extra pages, if necessary.

*Please be as specific as possible with dates. If you can verify clinical experience from several non-consecutive time periods, please list them separately.*

For example: May 2001 - April 2002 St. Andrew’s Hospital  
 Sept 2003 - March 2004 St. Andrew’s Hospital

<b>The births that I am verifying took place in the following date(s) and location(s):</b>		
From (month/year)	To (month/year)	Practice or Clinical Site Name and Location

**Please complete the following tables using these definitions:**

<p><b><u>Primary/Principal Midwife</u></b>  <i>The primary (principal) midwife is a midwife with complete, non-delegated, responsibility for the care of a woman and her newborn. The primary midwife is normally responsible for managing the labour and delivery and for the immediate care of the newborn. In cases where complications arise, the primary midwife makes the decision to transfer care, coordinates the transfer, collaborates with the health professional to whom she has referred her client, and provides supportive care after the transfer occurs. Supervised student midwives who act in the role of primary midwife are also included in this definition.</i></p> <p><b><u>Other Midwife</u></b>  <i>The other midwife is a midwife acting in a role other than Primary Midwife.</i></p> <p><b><u>Continuity of Care</u></b>  <i>Applicants have provided continuity of care to a single client, if they have met with the client prior to the birth, attended the birth and had at least one visit post partum.</i></p> <p><b><u>Out-of-hospital birth</u></b>  <i>A birth conducted by a midwife in a setting without on-site surgical (cesarean section) and/or anesthetic (epidural) capabilities. Such sites may include homes, birth centres, nursing stations and some hospitals.</i></p>
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Part of the IEMBP's assessment of clinical practice is to determine the applicant's overall amount of clinical experience and also the applicant's recent or current experience. In order to assist this determination please complete the following tables:

I can verify that the applicant was <b>PRIMARY MIDWIFE</b> at the following number of births:			
Total number of births managed as primary midwife		Number in the last 5 years?	
In the following spaces, please provide a breakdown from the overall total above:			
Number of births in hospital setting		Number in the last 5 years?	
Number of births in out-of hospital setting		Number in the last 5 years?	

The numbers are based on:  actual records  
 estimates

I can verify that the applicant provided <b>CONTINUITY OF CARE</b> for the following number of births:			
Total numbers of births with continuity of care		Number in the last 5 years?	

The numbers are based on:  actual records  
 estimates

Name and Professional Designation of the person filling out this form:

Address:

Telephone No:

Email Address:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_