

REFERENCE FORM FOR APPLICANTS FOR REGISTRATION AS A PRACTISING MIDWIFE



230-500 Portage Avenue

Winnipeg, MB R3C 3X1

Tel: (204) 783-4520 Fax: (204) 779-1490

***To be completed by applicant:** Please note you must have references submitted by three referees who must be selected from the following list: Colleague, consultant, employer, midwifery (or related field) supervisor, department head, mentor/preceptor, instructor. Please make three copies of this form and forward one to each of your chosen referees.*

***Also to be completed by applicant:** You may fill in the birth numbers in question number four(4) in order to help your referee identify if they are able to verify those numbers.*

NAME OF APPLICANT _____

NAME OF REFEREE _____

Indicate the referee's professional designation/title

Midwife Physician Nurse Other _____

I authorize the referee to disclose to the College of Midwives of Manitoba (CMM) information that is otherwise confidential. I agree that communication between the CMM and the referee shall be privileged and I waive any right of disclosure to me of the same.

SIGNATURE OF THE APPLICANT _____

DATE _____

INSTRUCTIONS TO THE REFEREE

The College of Midwives of Manitoba is entrusted with protecting public safety by ensuring that midwives registered in Manitoba are competent, safe and ethical in their practice. Your personal knowledge of this applicant is important in judging her suitability for registration as a midwife.

Please explain any indications of problems or concerns you may have regarding the applicant's suitability for registration as a midwife. Use the back of this form or additional pages if required. Please ensure that any additional pages clearly note the name of the applicant and are numbered in sequence. **When completed, please mail this form directly to the Registrar at the CMM at the address above.**

To be completed by referee

Name and Professional Designation (please print):

Address: _____

Telephone Number: (____) _____

Professional Regulatory Body _____

Registration Number _____

Date Reference Completed _____

Signature _____

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

2. Have you observed this applicant conduct deliveries as a primary care provider?

Yes

No

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

Yes

No

N/A

4. If you are able, please verify the applicant's clinical experience in the following areas: *(Please initial in the 3rd or 4th column as appropriate)*

	Total Number	In the Past Two Years	Able to Verify	Unable to Verify
Number of births attended as a midwife				
Number of births attended as a midwife providing continuity of care ¹				
Number of births attended as a primary midwife ²				
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				

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

Yes (if Yes, please explain) No

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

Yes (if yes, please explain) No

¹ Continuity of care means providing care to the same women through at least four prenatal visits, labour and delivery, the newborn examination and at least one postnatal visit.

² Primary midwife is a midwife who assumes primary responsibility for providing all aspects of midwifery care including prenatal, intrapartum and postpartum care and care of the newborn.

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

- Yes (if yes, please explain) No

8. Do you consider this applicant of good character, ethical, and reliable?

- Yes No (if no, please explain)

9. Do you consider this applicant to have adequate midwifery knowledge and skills to provide an acceptable quality of safe midwifery care?

- Yes No (if no, please explain)

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