

**PROFESSIONAL REFERENCE FORM FOR APPLICANTS
FOR REGISTRATION AS A PRACTISING MIDWIFE**College of Midwives of Manitoba
B-890 Pembina Highway
Winnipeg, MB R3M 2M8
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 fill out three (3) 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.

When completed, please mail this form directly to the Registrar at the CMM at the address above.

To be completed by referee:

Full Name	Professional Designation	Professional Regulatory Body
Registration Number	Telephone Number	Email Address
Address		
Date Reference Completed	Signature	

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

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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 their clients to you N/A Yes No
for consultation or transfer of care?

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				

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.

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 No

If yes, please explain:

6. 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:

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 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 CMM? Yes No

If yes, please explain: