

Application for Assessment for Registration as a Midwife

Instructions and Forms for Verification from Referees and
Statutory Declarations



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1: General Instructions

PURPOSE: The purpose of this section is to provide information to guide the applicant in obtaining and submitting the required forms from referees for verification of education and practice.

Step 1: Identify and prepare the appropriate / related documents for each section of the application.

- Print copies of the forms as needed
- Print copies of the letter of explanation from the College,
- Prepare return envelopes for each referee as below:

<p>Registrar: College of Midwives of Alberta 215 1935 32 Ave NE Calgary Alberta Canada T2E 7C8</p> <p>Re: Your Name</p>

Step 2: Contact a referee as appropriate to the section requesting their support. Ask a person who is familiar with your activity as related to each section:

- Education: Verification of Education would be from an official representative of the educational institution or from an instructor of a program.
- Practice Experience: Verification of Practice Experience may be from a Preceptor/Supervisor, Employer, Colleague or Client.

Step 3: Forward to the Referee:

- The letter from the College of Midwives (see each section below)
- An addressed envelope (as above) with appropriate postage
- The appropriate form / affidavit for the section.
- Request that your referee:
 - Complete the forms as explained in the letter
 - Seal the form in the envelope provided
 - Write his/her signature over the seal of the envelope
 - Post this completed package to the CMA.

2: Forms for Verification of Education:

PURPOSE: This section is to provide a letter (on official letterhead) and forms for an applicant to request verification and affidavit of **Completion of Education**, from a referee. The applicant shall make copies of this letter to provide to their referee along with the appropriate form and envelope. (If you cannot obtain verification from a referee refer to Section 4 and follow the procedures for submitting a statutory declaration)

CONTENTS OF SECTION 2:

- Letter from the Registrar of the College of Midwives of Alberta * to be sent to the referee.
- Affidavit form*

*Print as many as required in support of your application.



College of
Midwives
of Alberta

215 1935 32 Ave NE

Calgary, AB T2E 7C8

Phone: 1 (403) 474-3999

Fax: 1 (403) 474-3990

www.college-midwives-ab.ca

Verification of Education

Dear Madam / Sir;

In order to have their qualifications for registration as a midwife in Alberta, Canada assessed, applicants are required to submit materials which includes documents **to verify the content and completion of their education**. We have asked applicants who have no other means of verifying their education, to have a person who is familiar with their education sign the enclosed affidavit. Applicants will then be required to successfully complete written and practical examinations prior to becoming eligible for registration.

By signing this affidavit, you will be verifying that, to the best of your knowledge, the applicant successfully completed midwifery or midwifery related educational activity / programme. If the applicant completed only a portion of the education, please indicate which portions were successfully completed. If you feel the applicant did not successfully complete the education, or portions thereof, please so indicate.

You are also asked to specify the range of midwifery services the applicant learned to provide during enrolment in the education. Please note that midwives in Alberta are regulated to provide a full range of antepartum, intrapartum, postpartum and education and counselling services ***independently, without supervision by another health care professional***. If this education did not prepare the applicant to provide services with this level of responsibility, please so indicate.

When you have completed the affidavit, please seal it in the enclosed envelope addressed to the Registrar, College of Midwives of Alberta and sign your name over the seal. We would prefer that this is then mailed directly to the college. If this is not possible, you may return it to the applicant who will submit it (still sealed with your signature) with their application.

If for some reason you are unable to provide the requested verification, please notify the applicant as soon as possible so that alternate arrangements may be made.

If you have any questions or concerns you may contact the College at (403)-474-3990(phone), or (403)-474-3990 (fax) or by email: info@college-midwives-ab.ca. Your cooperation and earliest attention to this matter are greatly appreciated.

Yours Sincerely,

Sheila Harvey

Sheila Harvey, RM, Ph.D.

Registrar: College of Midwives of Alberta

AFFIDAVIT OF EDUCATION

I, _____ of
(Name: Please Print)

(Address)

In my capacity as a _____ acted as
(Profession or Occupation)

_____ during the education of _____
(Your role) (Name of Applicant)

I hereby verify that, to the best of my knowledge, the applicant successfully completed

_____ offered by _____
(Name of Educational Activity / Program) (Name of delivering institution, agency or person)

located at _____ in the year _____.
(Address of delivering institution, agency or person)

Upon completion of the above named educational activity / programme, the applicant had learned to independently provide the following midwifery services on her own responsibility, without need of supervision by another health care professional: (please specify below and on reverse or additional pages as necessary).

(signature)

(date)

File Numebr:

Date rec'd:

3: Forms for Verification of Practice Experience:

PURPOSE: This section is to provide a letter (on official letterhead) and forms for an applicant to request verification of **Practice Experience** from a referee (client, colleague, employer or supervisor). The applicant shall make copies of this letter to provide to their referee along with the appropriate form and envelope. (If you cannot obtain verification from a referee refer to Section 4 and follow the procedures for submitting a statutory declaration)

CONTENTS OF SECTION 2:

- Letter from the Registrar of the College of Midwives of Alberta * to be sent to the referee (s).
- Verification form to be completed by a client*
- Verification form to be completed by a colleague/employer*
- Verification form to be completed by a supervisor of practice*

*Print as many as required in support of your application.



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Verification of Practice Experience

Dear Referee,

In order to have their qualifications for registration as a midwife in Alberta, Canada assessed, applicants are required to submit materials which includes documents **to verify the Practice Experience**. We have asked applicants who have no other means of verifying their practice experience, to have a person who is familiar with their practice complete the enclosed affidavit. Applicants will then be required to successfully complete written and practical examinations prior to becoming eligible for registration.

By signing this affidavit, you will be verifying that, to the best of your knowledge, the applicant successfully carried out midwifery practice as detailed in the questionnaire.

You are asked to respond to questions reflecting the range of midwifery services the Midwife provided during a pregnancy, birth and postpartum period.

When you have completed the affidavit, please seal it in the enclosed envelope addressed to the Registrar, College of Midwives of Alberta and sign your name over the seal. We would prefer that this is then mailed directly to the college. If this is not possible, you may return it to the applicant who will submit it (still sealed with your signature) with their application.

If for some reason you are unable to provide the requested verification, please notify the applicant as soon as possible so that alternate arrangements may be made.

If you have any questions or concerns you may contact the College at (403)-474-3990(phone), or (403)-474-3990 (fax) or by email: info@college-midwives-ab.ca. Your cooperation and earliest attention to this matter are greatly appreciated.

Yours Sincerely,

Sheila Harvey

Sheila Harvey, RM, Ph.D.

Registrar: College of Midwives of Alberta

Verification of Practice Experience Client Questionnaire

Name of Applicant: _____

Name of Practice Site: _____

1. When did your midwife provide care for you? From _____ to _____
dd/mm/yy dd/mm/yy
 2. How many months pregnant were you when you began to see your midwife?
 3. How often did you go for prenatal appointments?
 4. Please describe a typical prenatal appointment:
-
5. Did you ever have a prenatal appointment with someone other than your midwife?
If so, please describe the working relationship between that health care provider and your midwife.

6. Describe your midwife's role at your labour and birth including:
 - a. At what point in labour did you contact your midwife?
 - b. At what point in labour did your midwife arrive?
 - c. What did your midwife do during your labour and birth?
 - d. Who else attended your labour and birth and what were their responsibilities in relation to those of your midwife?
 - e. How long did your midwife stay with you after you gave birth?
7. How long did you continue to see your midwife postpartum?
8. Please describe a typical postpartum visit.

Your name: (please print) _____

Address: _____

Phone Number: _____

Signature: _____

File #:

Date rec'd:

Verification of Student Practice Experience Preceptor/Supervisor Questionnaire

Name of Applicant: _____

Name of Practice Site: _____

1: When was the applicant a student at this practice site:

FROM: _____ TO: _____
dd/mm/yy dd/mm/yy

2: What skills was the applicant expected to master in each of the following components:

a) Antepartum care?

b) Intrapartum care?

c) Postpartum care?

3: What teaching /learning methods were used to help the applicant master these skills?

4: What criteria were used to assess whether the applicant had mastered the required skills?

5: As a preceptor/supervisor, what were your roles and responsibilities in relation to those of the applicant?

Your Name (please print) _____

Address: _____

Phone number: _____

Signature: _____

File #:	Date rec'd:
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Verification of Practice Experience Colleague / Employer Questionnaire

Name of Applicant: _____

Name of Practice Site: _____

1: When was the applicant a midwife at this practice site:

FROM: _____ TO: _____
 dd/mm/yy dd/mm/yy

2: What were the applicant's primary responsibilities in regards to:

d) Antepartum care?

e) Intrapartum care?

f) Postpartum care?

3: At what stage of pregnancy would the applicant usually begin to care for a woman and when would her care for the woman and her newborn usually end?

4: Approximately how many clients per year did the applicant care for in:

a) The antepartum period?

b) The intrapartum period?

c) The postpartum period?

5: In providing care for clients, what were the roles and responsibilities of the applicant's colleagues (other midwives or other health care professionals) in relation to those of the applicant?

Your Name (please print) _____

Address: _____

Phone number: _____

Signature: _____

File #:

Date rec'd:

Statutory Declaration

Purpose of Declaration: The purpose of this Declaration is to provide applicants who are unable to obtain verification from a referee or other official source, a method of verifying their own descriptions of their education and practice experience.

Instructions:

Obtaining Verification: if you are unable to obtain verification documents for your educational activities / programs or practice experience(s):

- (a) Write a description for each educational program, including
 - a. Outline of curriculum
 - b. Content of program
 - c. Range of midwifery services program taught to provide

And /or practice experience including

- a. Responsibilities in relation to responsibilities of colleagues
- b. Range of care you provided for clients in the antepartum, intrapartum and postpartum periods
- c. Information solicited from preceptors/supervisors, employers and colleagues or clients in this package

For which you intend to make a statutory declaration

- (b) Taking your description(s) and the statutory declaration from attached, **make an appearance before a commissioner for oaths or notary public** and attest to the truth of your written statements.

STATUTORY DECLARATION

CANADA)

Province of Alberta)

In the Matter of _____

)

To Wit:) _____

I, _____

Of _____

In the _____, _____

Do solemnly declare the description attached to this declaration:
(pages _____ to _____) to be accurate representations of said
programs.

And I make this solemn declaration conscientiously believing it
to be true and knowing the force and effect of this oath.

DECLARED before me at _____)

Of _____)

In the province of Alberta, this _____)

Day of _____ A.D., 20 _____)

Commissioner for Oaths/Notary Public