

Name:

## CLINICAL PRACTICE EXPERIENCE DECLARATION and VERIFICATION FORM

### Clinical Practice Experience

Please use the following 'definitions' when completing this clinical practice reporting form:

**Primary Midwife:** a midwife who assumes primary responsibility for all aspects of care including antepartum, intrapartum, postpartum care and care of the newborn. A student midwife managing intrapartum care under supervision may be considered a primary midwife. Transfers of care may be included if the applicant managed care in labour to point of transfer. Multiple supervisors for births and births in multiple settings or countries are acceptable.

**Out-of-hospital birth:** a birth conducted by a midwife where other specialized medical care (obstetrical, paediatric, surgical and/or anaesthetic skills) is not provided on site (may include homes, birth centres, nursing stations and some hospitals).

#### Number of Births attended as a Primary Midwife

|   |  |
|---|--|
| <b>In Hospital</b>  |  |
| <b>Out of Hospital</b>  |  |
| <b>Total number of births as primary midwife, in both locations</b> |  |

#### Dates Worked as a Primary Midwife (or dates of your education program)

|                    |                  |
|--------------------|------------------|
| <b>Start date:</b> | <b>End date:</b> |
|--------------------|------------------|

Date you **last attended a birth as a primary midwife:** \_\_\_\_\_

Location: City \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_

### External Verification of Clinical Practice Experience

**You must arrange to have verification/confirmation of your clinical experience provided (sent) directly to the College of Midwives of Manitoba (CMM) by at least 1 (one) an external third party** (for example: educational institution or supervising midwife). *At a minimum, external verification must include: 1) dates you worked as a primary midwife (or dates of your education program) 2) the number of births attended as a primary midwife and 3) the name(s) and designation/position of the person(s) providing the external verification.* If you are not able to arrange for third party confirmation please contact the CMM.

**Step 1:** You must complete and submit this form to the CMM by the application deadline

**Step 2:** You may provide a copy of this completed form to your named (below) third party(s). They must review, verify and sign/stamp the copy, and **send directly to the CMM** by mail, fax or email by the application deadline,

**OR**

You may request that your named (below) third party(s) send verification of *1) dates you worked as a primary midwife (or dates of your education program) 2) the number of births attended as a primary midwife and 3) the name(s) and designation/position of the person(s) providing the external verification*, by letter or form, and **send directly to the CMM** by mail, fax or email by the application deadline.

I have requested that the following individual(s) provide verification of my clinical practice experience directly to the CMM:

| Name | Address | Phone Number | E-mail address |
|------|---------|--------------|----------------|
|      |         |              |                |
|      |         |              |                |