



REFERENCE FORM FOR MIDWIVES APPLYING FOR REGISTRATION IN THE NORTHWEST TERRITORIES

PLEASE ENSURE COMPLETED FORM IS MAILED PROMPTLY TO:
Office of the Registrar, Professional Licensing, Health & Social Services
Box 1320- 8th Floor Centre Square Tower- YELLOWKNIFE NT X1A 2L9
Telephone: (867) 920-8058 Facsimile: (867) 873-0484

NAME OF APPLICANT (PLEASE PRINT):

I authorize the referee to disclose to the Registrar, Professional Licensing, information relevant to registration that would otherwise be confidential. I waive any right of disclosure of the same and agree that communication between the Registrar and the referee shall be privileged.

SIGNATURE OF APPLICANT:

DATE:

NAME OF REFEREE (PLEASE PRINT):

APPLICANT TELEPHONE/FACSIMILE #:

INSTRUCTIONS FOR REFEREE: Your personal knowledge of this applicant is important in judging suitability for licensure. Any problems or concerns that you identify below should be explained. Please use the back of this form if required.

- 1. Indicate dates where, and in what capacity, if any that you worked with or observed the applicant working as a midwife. Must be within the last three years.

YES NO

- 2. Are you aware of any problems regarding the applicant's physical or mental health or of any alcohol or drug problems?
- 3. Are you aware of any complaints regarding the applicant from patients, physicians, or other midwives?
- 4. Do you know of any ethical problems the applicant has which relate to midwifery practice?
- 5. Are you aware of any aspects of the applicant's personality that may cause difficulties in professional interpersonal relationships?
- 6. Is there any reason why you would not consider the applicant to have adequate knowledge, skills, and judgement required to provide midwifery services.
- 7. Have you any additional information with respect to the applicant's professional or ethical conduct that may affect their application for registration?

SIGNATURE OF REFEREE:

DATE:

ADDRESS:

TELEPHONE #:

FACSIMILE #:

This Reference may be faxed to (867) 873-0484 but ensure original is mailed promptly.