



Agreement to Act as Supervisor

Proposed Supervisor's Declaration for Supervision

1. I confirm that I currently hold a general certificate of registration and have held it for a minimum of 3 years
2. I confirm that I am not currently under investigation by the College and am not the subject of current discipline or fitness to practise proceedings
3. I confirm that I have read the Supervision Plan and understand the areas to be supervised.
4. I will provide appropriate supervision and mentoring to the supervised midwife, as outlined in the Supervision Plan.
5. I will ensure that appropriate supervision and mentoring will continue in my absence while I am off-call or on holidays.
6. I will notify the College immediately, if I am, for any reason, unable to continue as supervising midwife.
7. I agree to hold confidential and secure, any material of any kind generated by or for the College, the details of any discussions with the College or its agents, or any other information or material I acquire through the course of providing supervision to the supervised midwife.
8. I will submit interim reports on the progression of supervision as required in a timely manner and inform the College of any current or anticipated problems.
9. I will assess the supervised midwife's competency to provide care as a primary health care provider in accordance with the College's professional standards and submit a final report to the College within 12 months of the start of the supervision.
10. I understand that the period of supervision cannot exceed 12 months and that if the midwife is not judged competent to provide primary care at the end of 12 months of supervision, her certificate of registration will expire.

Signature of Proposed Supervisor

Date

Signature of Witness

Witness Name (Print)

Once you have completed this form, please return it to the College of Midwives of Ontario via one of the methods listed below:

Mail: Attn: Registration Department
College of Midwives of Ontario
21 St. Clair Avenue East, Suite 303
Toronto, ON M4T 1L9

E-mail: regadmin@cmo.on.ca

If you have any questions, please e-mail regadmin@cmo.on.ca or call 516-640-2252 x. 222.