



AGREEMENT TO ACT AS A SUPERVISING MIDWIFE TO A MIDWIFE WITH A TRANSITIONAL CERTIFICATE OF REGISTRATION

I, _____ Registration # _____ agree to act as supervising midwife for _____ and to comply with the following requirements.

1. Ensuring that the Transitional certificate holder practises midwifery only under the supervision of a member who holds a General certificate of registration without new registrant conditions.
2. Ensuring that supervision continues in my absence while I am off call or on holidays and that any midwife assuming the role of the supervising midwife is a member who holds a General certificate of registration without new registrant conditions that is aware of the obligations of supervision.
3. Notifying the College immediately if I am, for any reason, unable to continue as the supervising midwife.
4. Ensuring that the Transitional certificate holder does not order laboratory or diagnostic tests for any clients.
5. Ensuring that the Transitional certificate holder does not prescribe drugs for any clients.
6. Ensuring that a member who holds a General certificate of registration without new registrant conditions is on the premises when the Transitional certificate holder holds clinic independently, and reviews and signs each client's record before that client leaves the clinic.
7. Ensuring that during home prenatal visits a member who holds a General certificate of registration without new registrant conditions reviews and co-signs the chart at the client's home at that same visit.
8. Ensuring that a member who holds a General certificate of registration without new registrant conditions is available for prompt contact with the Transitional

certificate holder after each phone call or page from a client.

9. Ensuring that a member who holds a General certificate of registration without new registrant conditions accompanies the Transitional certificate holder when they assess the presence or status of a client's labour.
10. Ensuring that, when the Transitional certificate holder acts as one of two midwives at a client's birth, the other midwife at the birth is a member who holds a General certificate of registration without new conditions, who remains onsite at all times and supervises the clinical care throughout labour, birth and the immediate postpartum period.
11. Ensuring the Transitional certificate holder does not conduct the day one (1) postpartum visit and the discharge visit without a member who holds a General certificate of registration without new registrant conditions onsite.
12. Ensuring that the transitional certificate holder gives a prompt and thorough report to a a member who holds a General certificate of registration without new registrant conditions prior to the conclusion of each postpartum visit when a member who holds a General certificate of registration without new registrant conditions is offsite.

I understand that the period of supervision for this transitional certificate holder cannot exceed ninety days.

I certify that the information provided in this form is complete and accurate.

Signature of Midwife

Date

Signature of Witness

Witness Name

(Print)

Please submit this form with your Registration Application Form by mail to The College of Midwives of Ontario | 21 St. Clair Avenue East | Suite 303 | Toronto ON M4T 1L9