

# **IEMBP Agreements at Finalization of the IEMBP Application Portfolio**

## **AUTHORIZATION**

I, < name > of <city, province/state, country>, hereby authorize the IEMBP and the midwifery regulatory organization for my intended province/territory of practice, to make such inquiries about me or the services I have provided as a midwife as is considered appropriate in connection with my IEMBP Application Portfolio and my intended future application for registration as a midwife.

I authorize any of my clients, employers, associates, or any other person or organization that the IEMBP or the midwifery regulatory organization for my intended province/territory of practice may approach, to release information about me or the services I have provided. I agree that any communication between the IEMBP, the midwifery regulatory organization for my intended province/territory of practice, and other persons pertaining to this Application Portfolio and my intended future application for midwifery registration shall be privileged and I waive any right of disclosure to me of such confidential information.

I further authorize the IEMBP and the midwifery regulatory organization for my intended province/territory of practice, to disclose information about me, or the services I have provided, to other regulatory authorities, hospitals and other institutions to which I may apply for registration, appointment or employment.

I understand that any information provided by me or any other person or organization concerning this application, will be used to assess my eligibility for the IEMBP and for registration as a midwife (if I apply).

I authorize the use of the information provided in my IEMBP Application Portfolio, in anonymous format, for statistical evaluation of the IEMBP. Also, I understand that if I request to cancel my IEMBP Application Portfolio after I have finalized it, a small amount of my information that is not personally identifiable will NOT be deleted, to allow for statistical analysis.

→ I agree

## **CERTIFICATION**

I, < name > of <city, province/state, country>, hereby declare the following:

I am the person applying for entry to the Internationally Educated Midwives Bridging Project under my name, via this IEMBP Application Portfolio.

I certify that the information contained in my IEMBP Application Portfolio and related documents provided by me are true and complete to the best of my knowledge and belief.

I understand that any false or misleading statement or representation made by me in my IEMBP Application Portfolio may disqualify me from eligibility for the IEMBP and registration as a midwife, or may be cause for revocation of any assessment decision or subsequent registration as a midwife that is granted to me.

→ I agree