

**FOURTH SCHEDULE
NURSES AND MIDWIVES COUNCIL OF BELIZE**

FORM 2

No.....

**Certificate and Application to sit for the EXAMINATION FOR MIDWIVES
(PROFESSIONAL)**

Result

Name

1. The above mentioned candidate commenced the Professional Midwifery Program on..... atas prescribed by Nurses and Midwives Council.

2. The above named candidate had:

(a) Attended and watched the progress of no fewer than TWENTY FIVE labours making abdominal and vaginal examinations during the post natal period

.....
Sister i/c Maternity unit

(b) Attended not less than 85% of lectures - apart from instruction at labour cases in preparation for the examination in accordance with the Council's requirements.

.....
Lecturer

.....
Chair, Nursing Department UB

3. Certificate of good moral character:

I certify that I have been personally acquainted with

for a period of and during this period her conduct has been satisfactory.

.....
Matron or Principal Tutor

4. I hereby request permission from the Nurses and Midwives Council to write the Midwifery Examination.

5. I submit a fee of \$150.00

6. Contact No# E-mail

.....
Signature