

cluding the following particular requirements:—

She must to the satisfaction of the person certifying have—

(a) Attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering the patient.

(Schedule Form III (b).)

(b) Nursed twenty lying-in women and their infants during the ten days following labour.

(Schedule Form III (c).)

(c) Attended a course of not less than twenty lectures on the subjects enumerated in Rule C. 4, extending over a period of not less than three months, and delivered by a registered medical practitioner recognised by the Board as a lecturer.

(Schedule Form IV.)

(2) Provided that in the case of a woman who produces a certificate of—

(a) Three years' training as a nurse in a general Hospital of not less than one hundred beds, or,

(b) Three years' training as a nurse in a Poor Law Institution recognised by the Local Government Board as being a Training School for nurses and maintaining a resident Physician or House Surgeon and a Matron or Superintendent Nurse, or,

(c) Enrolment as a Queen's Nurse by The Queen Victoria's Jubilee Institute for Nurses,

a period of not less than four months shall be substituted for the period of not less than six months stipulated above.

(Schedule Forms V (a), (b), and (c).)

2.—(1) The certificates required by Rule C. 1 (1) (a) and (b) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed either—

(a) By a registered medical practitioner approved by the Board for the purpose; or,

(b) By the Chief Midwife, or, in the absence of such an officer, by the Matron, of an Institution recognised by the Board, being a Midwife certified under the Midwives Act; or,

(c) In the case of a Poor Law Institution by the Chief Medical Officer, or the Matron, being a Midwife certified under the Midwives Act, or a Superintendent Nurse, certified in like manner and appointed under the Nursing in Workhouses Order, 1897, and attached to such an Institution; or,

(d) By a Midwife certified under the Midwives Act and approved by the Board for the purpose.

(See Schedule, Forms III. (b) & (c).)

(2) The certificate required by Rule C. 1 (1) (c) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed by the person who has delivered the course of lectures.

(See Schedule, Form IV.)

(3) The certificates required by Rule C. 1 (2) must be in the form prescribed by the Central Midwives Board, and must be filled

up and signed by the Secretary of the Hospital or Institution or the Clerk to the Guardians of the Poor Law Institution at which the candidate has been trained, or the Secretary of the Queen Victoria's Jubilee Institute for Nurses.

(See Schedule, Forms V. (a) (b) & (c).)

SCHEDULE.

FORM III. (A).

CERTIFICATE OF TRAINING.

(See Section C. 1 (1) above.)

I certify that ..... has, under my supervision, and to my satisfaction, undergone a course of training in Midwifery extending over a period of \*..... months comprising instruction in the subjects enumerated in Rule C. 4.

Dated this ..... day of ..... 19...

Name .....

Address .....

† Position and authority for signing.....

Signature of Applicant .....

\* NOTE.—The person signing the certificate must enter the actual period of training, which must not be less than four months in the case of a candidate who presents a certificate in the Form V. (a) (b) or (c) below, nor less than six months in all other cases.

† See C. 2 (1).

FORM III. (B).

CERTIFICATE OF ATTENDANCE ON CASES.

(See Section C. 1 (1) (a) above.)

I certify that ..... has, under my supervision, and to my satisfaction, attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering each patient.

Dated this ..... day of ..... 19...

Name .....

Address .....

† Position and authority for signing.....

Signature of Applicant .....

† See C. 2 (1).

FORM III. (C).

CERTIFICATE OF ATTENDANCE DURING THE LYING-IN PERIOD.

(See Section C. 1 (1) (b) above.)

I certify that ..... has, under my supervision, and to my satisfaction, nursed twenty lying-in women and their infants during the ten days following labour.

Dated this ..... day of ..... 19...

Name .....

Address .....

† Position and authority for signing.....

Signature of Applicant .....

† See C. 2 (1).