



Letter of Professional Conduct – Request Form

SECTION A – RECIPIENT INFORMATION		
Name of Recipient:		
Title of Recipient:		
Name of Organization:		
Address of Organization:		
		Postal Code:
Telephone:	Email:	Fax:
SECTION B – MEMBER INFORMATION		
<input type="checkbox"/> Please issue a Letter of Professional Conduct (defined below) for:		
Name of Midwife:		Registration #:
SECTION C – INFORMATION PROVIDED IN LOPC		
<ul style="list-style-type: none"> • The member's name, • The member's College registration number, • Date of initial registration • Date of issue of the current certificate, • Class and status of certificate, • Limitations on the certificate, • Whether a member has a proceeding before the Registration, Discipline or Fitness to Practice Committee, • The findings of any proceedings with the Registration, Discipline or Fitness to Practice Committee, • That a member has been cautioned in the previous two years, • That member has currently been ordered a Specified Continuing Education or Remediation Program by the Inquiries, Complaints and Reports Committee, • That a member has a signed Acknowledgement and Undertaking in progress with the College. 		
SECTION D – PROCESSING INFORMATION		
<input type="checkbox"/> The member or organization must complete the entire LOPC Request form. <input type="checkbox"/> The member must complete and sign a consent form (attached) for each LOPC request. <input type="checkbox"/> Regular Delivery (within 15 days): Include fee of \$40 (by cheque or online payment) <input type="checkbox"/> Expedited Service (within 3 days): Include fee of \$60 (by cheque or online payment) <input type="checkbox"/> Send completed request form to the Registration department by mail or fax. If sent by fax, payment must be made using online banking. Please include copy of your online banking confirmation with request form and consent. <input type="checkbox"/> The member may request an invalidated copy of the LOPC, which is indicated on the LOPC consent form. <input type="checkbox"/> Certificates cannot be issued without payment / An incomplete form and/or consent will be returned.		

<i>Policy (CMO):</i>	Consent to Release of Information Regarding Letters of Professional Conduct (LOPC)
<i>Reference #:</i>	PCMO-C051910
<i>Approved by:</i>	Council
<i>Date approved:</i>	May 19, 2010 (Revised December 2010)
<i>Attachments:</i>	none

CONSENT TO RELEASE OF INFORMATION REGARDING LETTERS OF PROFESSIONAL CONDUCT

I, _____ hereby consent to the release of information in the
(name of organization)

College of Midwives of Ontario ("College") files about me to _____
(name of organization)

by the College. This information will include information in the possession of the College regarding my status with the College and my professional conduct, as identified in the chart below. This consent to release information also applies to updates of information that the College will send to _____,
(name of organization)

upon the occurrence of any changes in the information described above.

I would like an 'invalidated copy' of the Letter of Professional Conduct sent to me for my own information and records. YES NO

Signed this _____ day of _____, 20_____.
(Month)

Member's signature

INFORMATION PROVIDED	RECIPIENT					
	HOSPITAL	TRANSFER PAYMENT AGENCY	MIDWIFERY PRACTICE GROUP	OTHER REGULATOR	ASSOCIATION OF ONTARIO MIDWIVES	MIDWIFERY EDUCATION PROGRAM
MEMBER'S NAME	X	X	X	X	X	X
REGISTRATION NUMBER	X	X	X	X	X	X
DATE OF CERTIFICATION	X	X	X	X	X	X
CLASS AND STATUS	X	X	X	X	X	X
LIMITATIONS	X	X	X	X	X	X
CURRENT PROCEEDINGS	X	X	X	X	X	X
FINDINGS OF GUILT	X	X	X	X	X	X
CAUTION (IN THE PREVIOUS TWO YEARS)	X	X	X	X	X	X
SPECIFIED CONTINUING EDUCATION OR REMEDIATION PROGRAM (SCERP)	X	X	X	X	X	X
A&U IN PROGRESS	X	X	X	X	X	X
OTHER INFORMATION (REASONABLY RELEVANT) ▪ QAP COMPLIANCE ▪ CERTIFICATION COMPLIANCE ▪ OPEN INVESTIGATION						

NOTE: The College's Public Register contains the following information for each registered midwife: Referrals to Discipline, Synopsis of Decisions (findings of guilt), Findings of Malpractice, Suspensions and Revocations, Specified Information from the Registration, Discipline and Fitness to Practise Committees, Resignation with agreement to never re-apply. The Public Register is available on the College's website (www.cmo.on.ca).