

# COLLEGE OF MIDWIVES OF ONTARIO CHANGE OF REGISTRATION STATUS



The information on this form may be shared with Association of Ontario Midwives

<b>Member's Name:</b>	<b>Reg. #</b>	
	(Last Name)	(First Name)
<b>Transfer Payment Agency:</b>		<b>T.P.A Fax Number:</b>
<b>Type of Leave</b>	<input type="radio"/> Temporary	please complete Part A
	<input type="radio"/> Inactive	please complete Part B
	<input type="radio"/> Cessation	please complete Part C

## Part A – Temporary – Less than 12 months

I intend to be on temporary leave from practice as of the dates provided below. I may practice while on REDUCED category only if my CPR, ES and NRP certificates are current. I am responsible for ensuring that my CPR, ES and NRP certificates are current *prior* to returning to practice. I am responsible for maintaining liability insurance.

<b>On Leave From:</b>	<b>To:</b>
_____	_____
month day year	month day year

## Part B – Inactive – 12 months or more

I intend to be on leave from practice for the period specified below. I understand that I am maintaining an INACTIVE membership with the College until my return to practice. I understand that my liability insurance coverage may expire during this period of leave and that I cannot practice midwifery in Ontario until I have resumed active membership. To return to active practice I will be required to provide evidence of current liability insurance. I also understand that I am responsible for ensuring that my CPR, ES and NRP recertification is current *prior* to returning to practice. My annual certificate of registration and annual registration card are attached and will be returned to me when I return to practice.

- annual certificate of registration attached
- annual registration card and photo identification card attached

<b>On Leave From:</b>	<b>To:</b>
_____	_____
month day year	month day year

## Part C – Cessation/Resignation

I am resigning my membership with the College of Midwives of Ontario as of the date provided below. I understand that, as of the effective date, I can no longer practice midwifery in Ontario and may no longer use the title “registered midwife” or the abbreviation “R.M.” I understand that I only have liability insurance coverage for prior acts and that I cannot practice. In order to become registered with the College in the future, I understand that I must apply for registration with the College. If I no longer meet active practice requirements, I understand that I must be assessed as registerable by the Registrar of the College and successfully complete the CMO re-qualification program before I will be allowed to practice midwifery in Ontario.

In order to complete the cessation/resignation of my membership with the College of Midwives of Ontario, I have:

- attached my current annual registration card and photo identification card
- attached my current annual certificate of registration
- attached a copy of my resignation notification to my practice
- attached a copy of letter resigning hospital privileges

Cessation effective as of : \_\_\_\_\_

month day year

Member's Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date: \_\_\_\_\_