



## REGISTRATION APPLICATION

Please refer to the *Registration Application Guidelines* to assist you in completing this application accurately.

### Section 1 - Application Category

ARE YOU APPLYING FOR A TRANSITIONAL CERTIFICATE?

No  YES If yes, download the supplemental Transitional Certificate forms from the CMO website.

PLEASE CHOOSE ONE CATEGORY:

International Midwifery Pre-Registration Programme (IMPP) Graduate

Name of Supervising Midwife:

Ontario Midwifery Education Programme (MEP) Graduate

Other Canadian midwifery regulated jurisdiction

Re-qualification

Other, please specify:

Anticipated Registration Date:  MM/DD/YY **OR**  upon funding  
 ASAP  
 upon release of examination results

Practice Name:

### Section 2A - Personal Information

*(Proof Required)*

Legal Last Name:

Legal First Name:  Legal Middle Name:

Sex:  Date of Birth:  MM/DD/YY

Have you ever been known by any other name(s)?  No, proceed to section 2B  YES, complete section below

Previous Name: *(Proof Required)*

Last Name:  Middle Name:  First Name:

When did you use this name? From:  MM/DD/YY To:  MM/DD/YY

Previous Name:

Last Name:  Middle Name:  First Name:

When did you use this name? From:  MM/DD/YY To:  MM/DD/YY

## Section 2B - Contact Information

### HOME ADDRESS:

Address:  Apt #:

City:  Province:  Postal Code:  Country:

Home Phone:  Cell:  Pager (opt):

E-mail (mandatory):

## Section 3 - Professional Affiliations

Are you now, or have you ever been licenced/certified/registered to practice midwifery or any other health care profession in Ontario or in any other jurisdiction?  YES, complete section below  
 NO, proceed to Section 4

Please list all health care regulatory bodies\* and professional associations where you are or have ever been a member:

#1 - Professional Body:

Province / State:  Country:  Registration / Identifier #:

From:  MM/DD/YY To:  MM/DD/YY

#2 - Professional Body:

Province / State:  Country:  Registration / Identifier #:

From:  MM/DD/YY To:  MM/DD/YY

#3 - Professional Body:

Province / State:  Country:  Registration / Identifier #:

From:  MM/DD/YY To:  MM/DD/YY

#4 - Professional Body:

Province / State:  Country:  Registration / Identifier #:

From:  MM/DD/YY To:  MM/DD/YY

\* Note: A letter of professional conduct and good standing is required from each regulatory body listed.

## Section 4 - Citizenship

What is your current citizenship/immigration status?

(Proof Required)

## Section 5 - Other Registration Requirements

### 5A - Evidence of Protection from Professional Liability

Have you applied for liability insurance?  YES  NO

### 5B - MEP APPLICANTS - Educational and Clinical Requirements

Have you included your **original** *Record of Clinical Experience?* (copies not accepted)  YES  NO

Have you arranged for your university to forward an original transcript directly to the CMO?  YES  NO  
(The transcript must have the designation "Degree Conferred". See Guidelines for further info)

### 5C - IMPP APPLICANTS - Educational and Clinical Requirements

Have you arranged for your university to forward your *Final Report* directly to the CMO?  YES  NO

### 5D - APPLICANTS FROM ANOTHER CANADIAN MIDWIFERY REGULATED JURISDICTION - Letter of Good Standing

Have you arranged for each regulatory body to forward a *Letter of Good Standing* to the CMO?  YES  NO

### 5E - TRANSITIONAL CERTIFICATE OF REGISTRATION AND THE MIDWIFERY QUALIFYING EXAMINATION

Please indicate the date and province where you will write or have successfully completed the midwifery qualifying examination.

Date:  MM/DD/YY Province:

If you are writing or have completed your midwifery qualifying examination outside of Ontario, a Score Report must be sent directly to the College from the Canadian Midwifery Regulator. If you have completed your midwifery qualifying examination in Ontario, no action is required since the College has the information on file.

### 5F- JURISPRUDENCE COURSE

Have you completed the College of Midwives of Ontario's Jurisprudence Course  YES  NO

### 5G- NEONATAL RESUSCITATION (NRP)

Date current certification completed:  (Proof Required)  
MM/DD/YY

### 5H - CARDIOPULMONARY RESUSCITATION (CPR HCP)

Date current certification completed:  (Proof Required)  
MM/DD/YY

### 5I - EMERGENCY SKILLS (ES)

Date current certification completed:  (Proof Required)  
MM/DD/YY

## Section B - Disclosure of Prior Proceedings

The Following questions are to be answered "YES" or "NO". If you answered "YES" to any question, you must provide details in the space provided below. Please use the question number as a reference in your notes.

<b>A. Have you ever been refused registration or licensure by a licensing body or membership by a professional association that undertakes self-regulatory responsibility in any jurisdiction in relation to midwifery or any other profession?</b>	YES	NO
<b>B. Are you registered/certified/licensed to practice any other profession in any jurisdiction?</b>	YES	NO
<b>C. If you are registered/certified/licensed to practice midwifery or any other profession, do you have any terms, conditions, limitations or other restrictions on your registration, certificate or license?</b>	YES	NO
<b>D. In Ontario or any other jurisdiction, in relation to midwifery or to any other profession, are you or have you ever been the subject of:</b>		
(i) A finding of professional misconduct, incompetence, incapacity or like finding, by a regulatory body or by a professional association undertaking self-regulating responsibility?	YES	NO
(ii) A current proceeding in relation to professional misconduct, incompetence, incapacity or like finding, by a regulatory body or by a professional association undertaking self-regulating responsibility?	YES	NO
(iii) Any previous, present or pending suspension or revocation involving professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility?	YES	NO
(iv) Any previous, present or pending terms, conditions, limitations or other restrictions on your professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility?	YES	NO
(v) Any previous, present or pending inquest proceedings or verdicts?	YES	NO
(vi) Any previous, present or pending professional malpractice and/or negligence claims or settlements?	YES	NO
(vii) Any previous, present or pending settlements or judgments in any civil law suits?	YES	NO
<b>E. In Ontario or any other jurisdiction, have you ever been found guilty of:</b>		
(i) A criminal offence or any other offence?	YES	NO
(ii) An offence under the Health Insurance Act, the Controlled Drugs and Substances Act or any similar Act?	YES	NO

G. Have you ever been charged with a criminal offence or an offence under the Health Insurance Act or the Controlled Drugs and Substances Act?	YES	NO
H. Are you the subject of any current conditions or restrictions relating to your custody or release imposed by a court or other lawful authority (e.g., bail conditions)?	YES	NO
<b>I. Do you have any illness or disability, which could reasonably be seen to affect your ability to practice midwifery competently?</b>	YES	NO
<b>J. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct, competence or capacity that might be relevant to your ability to practice midwifery in Ontario?</b>	YES	NO
<i>If you answered yes to any of the above questions, please provide details below.</i>		

## NOTES

## Section 7 - Authorization and Certification

### 7A - Authorization

I hereby authorize the College of Midwives of Ontario to make such inquiries about me as it considers appropriate in connection with this registration application.

I further authorize the College of Midwives of Ontario to disclose information about me to other regulatory authorities, hospitals and other institutions to which I may apply for appointment.

I understand that any false or misleading statement or representation made by me in this application may disqualify me from registration or may be cause for revocation of any registration which is granted to me.

YES     NO

### 7B - Certification of Application

I hereby certify that:

1. If I applied and am granted a Transitional Certificate of Registration, I will only practice midwifery under the supervision of a General registrant of the College.
2. I am the person making this application as a midwife in the Province of Ontario.
3. I have read, understood and signed the application to which this certification is attached.
4. I understand that, with the exception of Aboriginal midwives, according to the *Midwifery Act, 1991*, I am not permitted to use the title *midwife* nor to engage in the acts authorized to midwives in the *Midwifery Act, 1991*, unless I am currently registered.
5. If the College of Midwives of Ontario grants me registration, I will comply with the regulations and standards of the College.
6. I hereby certify that the information contained in this application to which this certification is attached is true and complete to the best of my knowledge and belief.

Signature:

Print Name:

Date:

MM/DD/YY

**PLEASE PROCEED TO SECTION 8 - APPLICATION CHECKLIST**

## Section 8 - Application Checklist (Keep this page for your records)

### Fees

- I have attached a cheque or money order for the \$100 application fee (payable immediately and not to be combined with any other payment)
- I have attached a payment for a Transitional, Supervised or General Certificate of Registration according to the *CMO Initial Registration Fee Schedule* posted on the College website

### MEP APPLICANTS

- I have made arrangements for my university to send my **final and original** transcript to the CMO
- I have attached my **original** *Record of Clinical Experience*

### IMPP APPLICANTS

- I have made arrangements with the IMPP to send my *Final Report* directly to the CMO
- I have attached an *Agreement to Act as a Supervising Midwife* signed by my supervisor.

### APPLICANTS FROM ANOTHER CANADIAN MIDWIFERY REGULATED JURISDICTION

- I have made arrangements with each regulatory body where I am registered to provide a *Letter of Good Standing* directly to the CMO

### TRANSITIONAL CERTIFICATE APPLICANTS

- I have attached a signed *Acknowledgment and Undertaking* provided by the CMO respecting a Transitional Certificate
- I have attached a signed *Agreement to Act as a Supervising Midwife to a Midwife with a Transitional Certificate of Registration*

### ALL APPLICANTS

- I have applied for liability insurance
- I have made arrangements for a letter of professional conduct and good standing to be sent directly to the College from each regulatory body where I was previously or am currently registered.
- I have attached two (2) recent and identical colour passport-sized photos. Frame height 70 mm/2 3/4 in. Frame width 50 mm/2 in.
- I have attached a clear copy of official photo identification (driver's licence, passport, photo health card, etc.)
- I have attached a copy of my proof of citizenship, residency or employment authorization
- I have attached proof of my legal name change (if applicable)
- I have attached a copy of my current CPR HCP certification
- I have attached a copy of my current NRP certification
- I have attached a copy of my current ES certification
- If applicable, I have made arrangements for my Midwifery Qualifying Examination Score Report to be sent to the College, if I wrote the examination outside of Ontario
- I have completed the College of Midwives of Ontario's Jurisprudence Course and have saved a copy of my certificate of completion

Note: Applications can take up to 4 weeks to process.

Please ensure that your application is complete and the documents noted in the checklist are attached. Incomplete and/or inaccurate applications will result in a delay of your registration. Please print the application, sign and attach the required documents. Submit your application to:

#### BY MAIL or IN PERSON:

College of Midwives of Ontario  
21 St. Clair Avenue East  
Suite 303  
Toronto, Ontario M4T 1L9

#### BY COURIER:

College of Midwives of Ontario  
21 St. Clair Avenue East  
Suite 303  
Toronto, Ontario M4T 1L9

Telephone: 416.640.2252, ext. 222  
E-Mail: [regadmin@cmo.on.ca](mailto:regadmin@cmo.on.ca)