



APPLICATION FOR REGISTRATION

Please refer to the Application Guide on the College website

SECTION 1: APPLICATION CATEGORY

ROUTE OF ENTRY

<input type="checkbox"/> Ontario Midwifery Education Program (MEP) Graduate
<input type="checkbox"/> Laurentian <input type="checkbox"/> McMaster <input type="checkbox"/> Ryerson
<input type="checkbox"/> Internationally Educated/International Midwifery Pre-Registration Program (IMPP)
<input type="checkbox"/> Other Canadian Midwifery regulated jurisdiction
<input type="checkbox"/> Former member
<input type="checkbox"/> Other, please specify:

ARE YOU APPLYING FOR TRANSITIONAL CERTIFICATE?

Yes No

Practice Name:
Registration Date (DD/MM/YY):

SECTION 2: PERSONAL & CONTACT INFORMATION

Legal First Name:	
Legal Middle Name:	
Legal Last Name:	

Attach passport photo here

Preferred/Common Name: (if applicable)	
Date of Birth: (DD/MM/YY)	Gender:

Have you ever been known by any other name(s)? If yes , complete section below (proof of name change required)		
1. Previous Name:		
Last:	Middle:	First:
Name used from: (DD/MM/YY)	To: (DD/MM/YY)	
2. Previous Name:		
Last:	Middle:	First:
Name used from: (DD/MM/YY)	To: (DD/MM/YY)	

Address (This address must be able to receive correspondence)	
Address:	
City:	
Province/Territory:	Postal Code:
Home Phone:	Cell Phone:
Email address: (mandatory)	

Do you self-identify as Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 3: EDUCATION & CLINICAL REQUIREMENTS

3A) MIDWIFERY EDUCATION PROGRAM APPLICANTS

Name of Institution:
Graduation Date: (DD/MM/YY)

Original Record of Clinical Experience attached.

Request made to have original transcript directly forwarded to the College? Yes
(Transcript must have designation "Degree Conferred". See guide for more information)

Do you have any other academic/education qualifications?

1. Name of Institution:
Program of Study:
Level Completed:
Graduation Date:
Country:
State:

2. Name of Institution:
Program of Study:
Level Completed:
Graduation Date:
Country:
State:

3B) INTERNATIONALLY EDUCATED APPLICANTS

In what Country did you initially receive your midwifery education?
If USA, please indicate State:

Name of Institution:
Program of Study:
Graduation Date: (DD/MM/YY)

Have you completed a Canadian Pre-Registration Bridging Program? Yes No

Name of Institution:
Completion Date: (DD/MM/YY)

In order to meet the clinical experience requirements of a General certificate of registration internationally educated applicants are generally initially registered in the Supervised practice class (see *Guide* for more information on Supervised Practice).

Proposed Supervising Midwife's name:
Registration Number:

Conflict of Interest declaration form for proposed supervising midwife attached: Yes

3C) APPLICANTS FROM OTHER CANADIAN MIDWIFERY JURISDICTIONS

Name of midwifery regulator:
Current registration category:
Date current registration issued :
Registration number:

A *Letter of Standing & Professional Conduct* issued by the jurisdiction from which you are applying is required.

Arrangements have been made to have a current letter sent to the College.

3D) FORMER REGISTRANTS

Registration Number previously issued:
Class or Registration last held:
From: (DD/MM/YY) To: (DD/MM/YY)
Have you been practising midwifery in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where have you been practising?
If no, what was the last year in which you actively practised midwifery?

3E) TRANSITIONAL CLASS APPLICANTS

Name of proposed supervising midwife:
Registration Number of Supervising Midwife:

- I have reviewed, signed and attached the *Acknowledgement & Undertaking* required of Transitional applicants.
- I have attached a Conflict of Interest declaration form for proposed supervising midwife.

3F) ALL APPLICANTS

Highest Level of Education Obtained:
Field of Study:
Institution: (if obtained within Canada)
Country: Province/State:
Graduation Year:

SECTION 4: OTHER REGISTRATION REQUIREMENTS

4A) CANADIAN MIDWIFERY REGISTRATION EXAMINATION (CMRE)

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

Date: (DD/MM/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.

CONTINUING COMPETENCY REQUIREMENTS

Applicants must successfully complete a College of Midwives of Ontario approved course in Neonatal resuscitation; Obstetric Emergency Skills and Cardiopulmonary Resuscitation. [Click here](#) for the College's Continuing Competency Requirements and Approved Courses.

4B) NEONATAL RESUSCITATION

Provider Name:
Current training completed on:
Proof attached: <input type="checkbox"/>

4C) CARDIOPULMONARY RESUSCITATION (Healthcare Provider)

Provider Name:
Current training completed on:
Proof attached: <input type="checkbox"/>

4D) EMERGENCY SKILLS

Provider Name:
Current training completed on:
Proof attached: <input type="checkbox"/>

4E) JURISPRUDENCE COURSE

Provider Name: College of Midwives of Ontario
Current training completed on:
Proof attached: <input type="checkbox"/>

4F) EVIDENCE OF PROTECTION FROM PROFESSIONAL LIABILITY

Have you applied for liability insurance? Yes

SECTION 5: PROFESSIONAL AFFILIATIONS

Are you now, or have you ever been licensed/certified/registered to practise midwifery or any other regulated profession inside or outside of Canada?

Please list all regulatory bodies and professional associations where you are or have ever been a member:
(A Letter of Good Standing & Professional Conduct is required from each organization listed, if a regulator.)

1.

Organization Name:	Registration Number:
Province/State:	Country:
From: (DD/MM/YY)	To: (DD/MM/YY)

2.

Organization Name:	Registration Number:
Province/State:	Country:
From: (DD/MM/YY)	To: (DD/MM/YY)

3.

Organization Name:	Registration Number:
Province/State:	Country:
From: (DD/MM/YY)	To: (DD/MM/YY)

SECTION 6: DISCLOSURE OF PRIOR PROCEEDINGS

Questions in this section relate to all previous experience, including experience in another profession or proceedings that occurred outside of Ontario or outside of Canada. All questions must be answered “yes” or “no”. For every “yes” answer, you must provide a detailed explanation at the bottom of the form. If additional space is required, please attach an additional sheet of paper to the application.

1. Excluding the College of Midwives of Ontario, have you ever had a finding of professional misconduct, incompetence or incapacity or any like finding made against you, in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Excluding the College of Midwives of Ontario, are you currently or have you been the subject of a complaint, investigation or other proceeding relating to professional misconduct, incompetence or incapacity in relation to midwifery or any other profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Excluding the College of Midwives of Ontario, if you are registered or certified or licensed to practise midwifery or any other profession, do you have any terms, conditions, limitations or other restrictions on your registration, certificate or licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Excluding the College of Midwives of Ontario, have you ever been refused registration or licensure by a regulatory body or membership by a body that undertakes regulatory responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Excluding the College of Midwives of Ontario, have you ever had your registration, licensure or membership suspended, revoked, or terminated by a regulatory body or by a body that undertakes regulatory responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has your conduct become or is your conduct the subject of any previous or pending coroner’s inquest proceedings or verdicts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been found guilty of an offence in Canada or in any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Since March 1, 2016, have you been charged with a criminal offence or any other provincial or federal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you subject to any current conditions or restrictions relating to custody or release imposed by a court or other lawful authority (e.g. bail conditions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you had any findings of professional negligence or malpractice made against you by a court after June 3, 2009?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever settled a civil action (whether the action was actually commenced or potential) relating to your professional activities as a midwife?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been the subject of a court judgment relating to your professional activities as a midwife?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. With respect to each hospital, birth centre and health facility in Ontario where you had or have privileges, have you ever had your privileges restricted, suspended, revoked or otherwise terminated, whether voluntary or not?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is there any event, circumstance, condition or matter not disclosed above in respect of your character, conduct, competence or capacity that might affect your ability to practise midwifery in Ontario safely and effectively	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered “yes” to any of the questions above, provide details below or on a separate page. If you require guidance on what to provide, please contact the Registration Department at regsupport@tcmo.on.ca.

NOTES

SECTION 7: AUTHORIZATION & 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 with the College of Midwives of Ontario.
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:	

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 cheque or money order for the initial registration fee - see fee table on website
- I have attached a cheque for the jurisprudence course fee - \$300
- I have attached a payment for a Transitional, Supervised of General certificate of registration according to the College Initial Registration Fee Schedule posted on the website.

MEP APPLICANTS

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

IMPP APPLICANTS

- I have attached a Supervised Practice Conflict of Interest Declaration Form 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 Standing and Professional Conduct* directly to the College

TRANSITIONAL CERTIFICATE APPLICANTS

- I have attached a signed *Acknowledgment of Undertaking* provided by the College respecting a Transitional Certificate
- I have attached a Supervised Practice Conflict of Interest Declaration Form signed by my supervisor *with a Transitional certificate of Registration*

ALL APPLICANTS

- I have applied for liability insurance
- I have made arrangements for a Letter of Standing and Professional Conduct to be sent directly to the College from each regulatory body where I was previously or am currently registered
- I have attached a recent colour passport-sized photo. Frame height 70mm/2 ¾ in. Frame width 50 mm / 2 in.
- I have attached a clear copy of official photo identification (driver's licence, passport etc.) I have attached a clear 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 NRP certificate
- I have attached a copy of my current CPR HCP certificate
- I have attached a copy of my current ES certificate
- I have attached my original vulnerable sector screening certificate (As of April 1, 2019)
- (If applicable) I have made arrangements for my Midwifery Qualifying Examination Score Report to be sent to the College as I wrote the examination outside of Ontario
- I have completed the College of Midwives of Ontario's Jurisprudence Course and have attached and saved a copy of my certificate of completion

Note: Applications can take up to 4 weeks to process

Please submit this form and any supporting documentation including the \$100 application fee by mail, courier, or in person to:

The College of Midwives of Ontario
21 St. Clair Ave E Suite 303
Toronto, ON M4T 1L9

Questions may be directed by email to regadmin@cmo.on.ca or by phone to 416-640-2252 ext. 204