



Letter of Standing and Professional Conduct Consent Form

To permit direct communication between the College of Midwives of Ontario and a Canadian Midwifery Regulatory Body, please complete and return this consent form to the College of Midwives of Ontario.

Member Information

Name of Midwife	
Registration Number	

Name of all Canadian Midwifery Regulatory Bodies of which I am a Member or have ever been a Member. Please include dates.

Recipient Information

Recipient Name and Title	
Name of Canadian Midwifery Regulatory Body	
Address of Regulatory Body	
City/Province/Postal Code	
Email:	

I authorize the College of Midwives of Ontario to disclose to the midwifery regulator, noted in the Recipient Information section above, the information about my registration and professional conduct, including information about my registration and professional conduct that may not be generally available to the public. *

(Applicant's Signature)

(Date)

* Information Provided within the Letter of Good Standing and Professional Conduct

1. Registration Number, Registration Classes and Statuses (current and previous)
2. Active Practice/Currency Information
3. Terms, Conditions, Limitations and Restrictions
4. Quality Assurance Program Compliance
5. Current Inquiries, Complaints, and Investigations
6. Discipline or Incapacity Proceedings and Findings
7. Complaints History that Resulted in Action Being Taken
8. Undertakings and Agreements to Restrict Practice or Take Remedial Action
9. Suspension, Cancellation, Revocation or Denial of Registration

Regular Delivery (within 15 business days): fee of \$40 (by cheque or credit card**)

Expedited Service (within 5 business days): fee of \$60 (by cheque or credit card**)

Credit card payments will be through the Member Portal. Members will be advised when an invoice is available for payment. **Please do not enter credit card details on this form.

- Send completed request by email to regsupport@cmo.on.ca or by mail to the address below.