



UNDERTAKING BETWEEN THE COLLEGE OF MIDWIVES OF ONTARIO

AND

[Print full legal name of applicant]

WHEREAS I, _____, am applying for a Transitional certificate of registration with the College of Midwives of Ontario (College);

AND WHEREAS paragraph 17(2)(a) of Ontario Regulation 168/11 under the *Midwifery Act, 1991* provides that an applicant shall only be issued a Transitional certificate if they have first filed an undertaking acceptable to the Registrar of the College.

I hereby acknowledge that I wish to be issued a Transitional certificate of registration from the College and I accordingly undertake to comply with all of the following requirements while I am the holder of a Transitional certificate of registration:

1. I will not order laboratory or diagnostic tests for any clients.
2. I will not prescribe drugs for any clients.
3. I will have a designated supervising midwife who is acceptable to the Registrar of the College.
4. I will practise midwifery only under the supervision of a member who holds a General certificate of registration without new registrant conditions.
5. I may hold clinic independently as long as the supervising midwife or a member who holds a General certificate of registration without new registrant conditions is on the premises and the supervising midwife or a member who holds a General certificate of registration without new registrant conditions must review and co-sign the chart before the client leaves the clinic.
6. I may carry out home prenatal visits as long as the supervising midwife or a member who holds a General certificate of registration without new registrant conditions reviews and co-signs the record at the client's home at that same visit.

7. I will contact the supervising midwife or a member who holds a General certificate of registration without new registrant conditions as soon as reasonably possible after each phone call or page from a client.
8. I may assess the presence or status of a client's labour when I am accompanied in person by the supervising midwife or a member who holds a General certificate of registration.
9. I may attend births under the supervision of the supervising midwife or a member who holds a General certificate of registration without new registrant conditions who must be onsite throughout labour, birth and the immediate postpartum period.
10. I may carry out home postpartum visits as long as it is not the first visit after the birth, or the final discharge visit and the visit is reported to the supervising midwife or a member holding a General certificate without new registrant conditions prior to the conclusion of the visit.

I acknowledge that this undertaking will be in effect from the day I am issued a Transitional certificate of registration until such time as that certificate is revoked pursuant to subsection 17(3) of Ontario Regulation 168/11 under *the Midwifery Act, 1991*.

I further acknowledge that a breach of any provision in this undertaking will constitute professional misconduct and the College will be entitled to prosecute me for same and will be entitled to rely on this undertaking in such prosecution and/or in a subsequent application for registration.

I acknowledge that I have been advised of my right to seek legal advice prior to signing this undertaking and I have either obtained such advice or have chosen not to do so.

Signed this _____ day of 201_____,

in _____, Ontario.

Print full legal name of applicant

Signature of applicant

Please submit this form with your Registration Application Form by mail to The College of Midwives of Ontario | 21 St. Clair Avenue East | Suite 303 | Toronto ON M4T 1L9