



Application for Certificate of Registration Class Change from INACTIVE to GENERAL

SECTION A Member's Information

As an Inactive member of the College of Midwives of Ontario, I submit this application to change my registration certificate class to GENERAL as of the date provided below. *Please allow a **minimum** of eight weeks to process your request. For further information, and to ensure there are no significant delays in the processing of your application, please read the Changing Class of Registration Overview information, available on the College website.*

First name:	Last name:	College Registration #
Practice name:		Position:

Requested Date of Change (Changes cannot be retroactive (dd/mm/yy):

Note: The College will confirm the effective date of the change following processing.

I certify the following:

- I have uploaded current NRP, CPR, and ES certificates to the Member Portal as required
- I have completed the College's Jurisprudence Course
- I have made arrangements for me to obtain professional liability insurance
- I am legally authorized to work in Canada

A member requesting a change from the Inactive class to the General class will be charged \$50 in accordance with [the College's Fees and Remuneration By-laws Article 12.1](#).

Applicant Signature: _____

Date (dd/mm/yy): _____

For College Use Only:	<input type="checkbox"/> NRP	<input type="checkbox"/> CPR	<input type="checkbox"/> ES	<input type="checkbox"/> Jurisprudence	<input type="checkbox"/> Fees
Professional liability insurance effective date requested:					
College approved for PLI confirmation:				Date (dd/mm/yy):	

For AOM Office Use Only:

Policy #

Coverage effective date:

The above-named individual has professional liability insurance.

Signature: _____

Date (dd/mm/yy): _____



SECTION B Disclosure Questions

Please answer the following questions based on an event occurring or having occurred in Ontario or any other jurisdiction (inside or outside of Canada). You must answer each of the following questions.

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@cmo.on.ca.

Applicant Signature:

Date: (dd/mm/yy)



SECTION C Current Clinical Experience and Active Practice Record

Previous Four Years before application

In order for the College to determine if you meet the current clinical experience and active practice requirements for the re-issuance of a General certificate of registration, please record all births that you would like to claim dating back four years from the date of application indicated in Section A. Please indicate if any of the births were attended out-of-province.

For example: *A member who submits an application on October 1, 2018 would be required to report birth numbers from October 1, 2014 to September 30, 2015 for Year 1 and for each subsequent year would use the same timeframe.*

	Out of Hospital (Primary)	Out of Hospital (Second)	Hospital (Primary)	Hospital (Second)	Total Attended
Year 1					
From:					
To:					
Year 2					
From:					
To:					
Year 3					
From:					
To:					
Year 4					
From:					
To:					
Total <i>(all four years)</i>					

I certify that the information provided in this application is accurate and complete. I certify that supporting documentation is available for review if requested.

Applicant Signature: _____

Date (dd/mm/yy): _____

Active Practice two out of four years prior to application in accordance with s. 8(1)2i of the Registration Regulation

Total births: 40 consisting of:
 20 Primary including:
 10 Primary Out of Hospital
 10 Primary Hospital

Overall current clinical experience in accordance with s. 8(1)2ii of the Registration Regulation

**For College Use Only
Meets Requirements**

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |