

# College of Midwives of Ontario

## Registration Application Handbook and Form



College of  
Midwives  
of Ontario

Ordre des  
sages-femmes  
de l'Ontario

## Registration Application Handbook and Form

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The Registration Regulation under the *Midwifery Act, 1991*, establishes the non-exemptible entry to practise requirements, including the education, clinical experience and examination requirements, as well as other requirements which must be met to be issued a certificate of registration. For more information on these requirements, please visit the Initial Application [page](#) of the College of Midwives of Ontario's ("the College") website. This Registration Application Handbook and Form have been developed to collect the necessary information and supporting documentation to demonstrate that these requirements are met and to help determine the type of certificate to be issued. All applicants are encouraged to familiarize themselves with the requirements for registration and the regulations that govern midwifery in Ontario. This information is available on the College's website ([www.cmo.on.ca](http://www.cmo.on.ca)).

Some of the information collected in this application form is required and reported on under s. 36.1 of the *Regulated Health Professions Act, 1991*, which requires the College to collect personal information for the purpose of health human resources planning or research.

This handbook is designed to help you complete the form and includes helpful links to other useful information and documents available on our website.

### Assistance:

Contact the College by email at [admin@cmo.on.ca](mailto:admin@cmo.on.ca) or by phone at 416-640-2252 ext. 204 or 1-844-640-2252 for assistance in submitting your registration application to the College.

### Helpful Hints:

- Click on the  to navigate between the sections of the guide and form
- Use the checklist (last page of the registration application) to ensure the required documents and fees are enclosed with your application for registration.
- To avoid unnecessary delays with the processing of your application, the College strongly recommends your careful review of this Registration Application Handbook, and the checklist.
- Complete applications can take up to four weeks to process. Please submit your application well in advance of your anticipated practice start date.
- If some of your supporting documents are not available in English or French, then an **official English or French translation by a certified translator** is required.
- If you are having difficulty obtaining your supporting documentation, please let us know so we can discuss your options.

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## Section 1: Application Category



**Route of Entry:** Choose the most appropriate application category based on the midwifery education program you completed or your registration in another regulated Canadian midwifery jurisdiction.

**Practice Name:** Enter the exact name of the practice that you are hoping to join upon registration.

**Anticipated Registration Date:** Enter the date you wish to be registered. We cannot guarantee this date, but will work to meet it if all registration requirements are met. This date must be the same date that your professional liability insurance comes into effect.

### Are you applying for a Transitional Certificate of Registration?

Anyone who is able to meet all of the requirements for a General or Supervised Practice certificate of registration with the College and has written but has not received the results of the midwifery qualifying examination, will be eligible for a Transitional certificate of registration. This certificate will allow individuals who are awaiting the results of the examination to practise midwifery while under the supervision of a member who holds a general certificate of registration. Transitional certificate applicants are required to sign an Undertaking with the College, agreeing to practise as outlined in the Undertaking. Transitional certificates are valid for up to 90 days and will be revoked when the candidate is notified that they have passed the exam and receives a General or Supervised Practice certificate of registration or when they are notified that they have failed the exam.

If you wish to apply for a Transitional certificate of registration, please indicate this in the Application Category of the registration application and download the supplemental Transitional certificate forms from the College website, including the Transitional certificate [Undertaking Form](#), [Agreement to Act as a Supervising Midwife Form](#) and the [supervisor Conflict of Interest Declaration](#). These documents must be signed and submitted with your registration application.

Certificates will be issued as soon as possible after the midwifery qualifying examination is written and all registration requirements have been met. Please note, if you are to be issued a Supervised Practice certificate of registration, an approved supervisor and Plan for Supervised Practice and Evaluation must be in place prior to issuance of a Transitional certificate of registration.

Examination Score Reports are generally released within six weeks of the examination date.

## Section 2: Personal & Contact Information

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Personal contact information is not released to the general public, but is used by the College for direct contact with members. It is important that you keep the College informed of any changes to your contact information so that the College may contact you regarding your application and registration.

**Legal Name:** Enter your full legal name. A legible photocopy of official, government issued photo identification (driver's licence, passport, etc.) is required to confirm your legal name and identity.

You will be listed on the Public Register under your legal name and you are expected to practise using it, however, you can also list your common name if you wish and this will also appear on the Public Register.

**Previous Name(s):** Enter any name, other than your current legal name, that you have ever been known by and the dates you were known by that name. Provide documentation to support the name change, e.g. a marriage certificate. If any of the documentation you are providing with your application is in any name other than your current legal name, you must provide documentation regarding the change of name.

**Email Address:** As part of our efforts to improve the efficiency and effectiveness of communications with members, the College sends information electronically wherever possible. As a result, you must provide a personal email address.

## Section 3: Education & Clinical Requirements

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### 3A) Midwifery Education Program Applicants

Arrange for an original transcript to be sent from your university directly to the College. The transcript must have the designation “Degree Conferred”. If you wish to be registered before your official convocation, you will not be able to get a transcript with the designation “Degree Conferred”. In this case, arrange for a final transcript and a Letter of Eligibility to Graduate from the Registrar's office of your university to be sent directly to the College. Scanned transcripts will not be accepted. Clinical experience requirements are verified by your Record of Clinical Experience issued by the Midwifery Education Program. Include one original Record of Clinical Experience document with your application for registration. The College will not accept a copy.

### 3B) Internationally Educated Applicants

Completion of the International Midwifery Pre-Registration Program (IMPP) and clinical experience requirements are verified by your Final Report from the IMPP. This report is automatically sent directly to the College by the IMPP. Therefore, you do not need to request a copy or attach a copy to your application.

Usually IMPP graduates do not meet the current clinical experience requirements for General registration and for that reason they are normally registered in the Supervised class. IMPP graduates are required to provide a name of a Supervising Midwife in order for the College to prepare a Plan for Supervised Practice and Evaluation. The proposed Supervising Midwife must meet certain criteria to be approved by the College. In addition, a [Conflict of Interest Declaration Form](#) signed by your proposed supervising midwife is required to be submitted with your application. Download the supplemental Supervised Practice information from the College's website to obtain the declaration form and additional supervision information.

### 3C) Applicants from other regulated Canadian Midwifery Jurisdictions

A Letter of Good Standing and Professional Conduct must be sent directly to the College from each regulatory body where you are or have been registered. Please make arrangements for this by contacting the regulatory bodies directly.

### 3D) Former Registrants

If you have been practising midwifery in another jurisdiction, a Letter of Good Standing and Professional Conduct must be sent directly to the College from each regulatory body. Please make arrangements for this by contacting the regulatory bodies directly.

### 3E) Transitional Class Applicants

See information in section 1.

## Section 4: Other Registration Requirements

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### 4A) Canadian Midwifery Registration Examination

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

### 4B-D) Continuing Competency Courses

Applicants must have current training in neonatal resuscitation (NRP); obstetric emergency skills (ES) and cardiopulmonary resuscitation (CPR). [Click here](#) for the College's Continuing Competency Requirements and Approved Courses.

Continuing competency courses in NRP, ES and CPR must include a theoretical and practical component. Courses which are conducted solely online are not accepted. The College only accepts **course/workshop certificates**, we do not accept exam completion certificates.

The continuing competency certificates mentioned in 4b), 4c) and 4d) above are entry-to-practice requirements as well as on going annual requirements under the Registration Regulation. They must be valid on the date you intend to be registered.

Copies of the above mentioned certificates of completed training must be submitted with your registration application.

### 4E) Jurisprudence

All applicants to the College must be familiar with the laws, regulations and standards that apply to midwives in Ontario and must demonstrate that by completing the College's Jurisprudence Course. There is a \$300 fee to take the course. Find out more about the Jurisprudence Course and how to access it, [here](#).

### 4F) Evidence of Protection from Professional Liability

In order to be eligible for registration you must have **professional liability insurance**. Once the College has determined that you are otherwise eligible for registration, the College will verify that professional liability insurance is in place and will be effective as of the anticipated date of registration.

#### 4G) Vulnerable Sector Check

Effective **April 1, 2019**, all applicants must submit the results of a Vulnerable Sector Check as part of their application to the College, in accordance with the College's [Criminal Record Screening Policy](#). Information on how to obtain one can be found on our website [here](#).

Please note that a finding on any vulnerable sector screening report does not disqualify your application for registration and the application will be processed in accordance with the Criminal Record Screening Policy and [Good Character Guide](#).

## Section 5: Professional Registrations

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In this section you must list all professional bodies where you are or have been registered to practise any profession, in and outside of Canada. A Letter of Standing is required from each body listed.

Letters of Standing must be sent directly to the College from each regulatory body where you are or have been registered.

## Section 6: Disclosure of Prior Proceedings

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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.

## Section 7: Authorization & Certification

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**7A) Authorization:** The duty of the College is to protect the public. The College requires consent from the applicant to make the necessary inquiries to ensure the applicant's suitability to practise.

**7B) Certification of Application:** You must ensure that this section is checked, signed and dated. You may wish to keep a copy of your signed application for your records.

The Registration Regulation states that a certificate of registration will be invalid if a member knowingly makes a false or misleading statement in an application for a certificate of registration.

## Section 8: Application Checklist

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(Keep checklist for your records)

Use the checklist (last page of the registration application) to ensure the required documents and fees are enclosed with your application for registration. To avoid unnecessary delays with the processing of your application, the College strongly recommends your careful review of this Registration Application Handbook and the checklist.

## Section 9: Fees

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**Application Fee:** There is a one-time non-refundable application fee of \$100. This fee must accompany the completed application and is payable immediately by separate cheque. Do not combine the application fee with any other payments. Your application cannot be processed without the application fee.

**Annual Administration and Registration Fees for a Transitional, Supervised or General Certificate:** You may pay your annual administration and registration fees as per the Initial Registration [Fee Schedule](#). Initial registration fees are prorated based on the month you are registered.

Regardless of when you are initially registered, registration renewal is required by October 1<sup>st</sup> each year.

As a reminder, as part of your application you must complete the College's online Jurisprudence course. There is a \$300 fee to take the course.

All applicable fees may be paid by cheque or money order, payable to "**The College of Midwives of Ontario**".

All fees are outlined in the College's [Fee and Remuneration By-law](#).

## Section 10: Additional Requirements

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- In order to be eligible for registration you must be either a Canadian citizen, a permanent resident of Canada or authorized under the Immigration Act (Canada) to engage in open employment in Canada. You must **submit proof of your citizenship, residency or employment authorization** along with your application. Expired documents will not be accepted.
- Please attach one (1) recent passport-sized colour photo to the space available in Section 2 of the form.
- In order to be registered you also must have demonstrated reasonable fluency in either French or English demonstrated by one of the following:
  - Having obtained a midwifery degree in Canada; being registered in another province of Canada in which midwifery is regulated;
  - Passing the Ontario Midwifery Language Proficiency Test (MLPT). The International Midwifery Pre-registration Program administers the MLPT.

Please submit the application 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

**Application Processing Times:** Complete applications can take up to 4 weeks to process, and are processed in the order received at the College. Early submission is recommended.

Once you have submitted your application you can expect a confirmation of receipt email within 7 days. This email will tell you if there is anything missing from your application and may tell you what type of registration certificate you qualify for.

Please note that you will only receive your registration number on the day that you are registered. Your MOHLTC Billing number and applications for hospital privileging are arranged separately after you are registered.

For more information on the registration process, please visit the Applying for Registration [page](http://www.cmo.on.ca) on the College's website ([www.cmo.on.ca](http://www.cmo.on.ca)).



Please refer to the Application Handbook above for assistance filling out this form. You can click the [?](#) for more information on filling out each section.

## 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:

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

Are you applying for transitional certificate?

Yes             No

## 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 <b>yes</b> , 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)	

## Section 3: Education & Clinical Requirements



### 3A) Ontario Midwifery Education Program Applicants

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

**Original Record of Clinical Experience** to be attached.

Request made to have original transcript directly forwarded to the College?

(Transcript must have designation "Degree Conferred". See Handbook for more information)

Yes



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 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 *Handbook* 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 Regulated Canadian Midwifery Jurisdictions

Name of midwifery regulator:
Current registration class:
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 of Midwives of Ontario.

### 3D) Former Registrants

Registration Number previously issued:
Certificate of Registration last held:
From: (DD/MM/YY) <span style="margin-left: 200px;">To: (DD/MM/YY)</span>
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 the signed *Conflict of Interest Declaration* and *Agreement to Act as a Supervising Midwife* forms for my proposed supervising midwife.

### 3F) All Applicants

Highest Level of Education Obtained:
Field of Study:
Institution: (if obtained within Canada)
Country: <span style="margin-left: 150px;">Province/State:</span>
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 or will complete your midwifery qualifying examination in Ontario, no action is required, 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

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

#### 4G) Vulnerable Sector Check

Have you applied for a VS Check?  Yes

## Section 5: Professional Registrations



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 Standing is required from each organization listed.)

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)

If you have more organizations to list, please attach a separate sheet.



## 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. 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. 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. 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. 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. 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 [admin@cmo.on.ca](mailto:admin@cmo.on.ca)



## Notes



## Section 7: Authorization & Certification



### 7a) Authorization

I understand that the College of Midwives of Ontario may need to make inquiries of others in order to assess whether I meet the requirements for a certificate of registration. I hereby authorize the College of Midwives of Ontario to make such inquiries and exchange information about me as it considers necessary in connection with this registration application, including with educational institutions, regulatory bodies, police services, midwifery practices or others.

YES

NO

### 7B) Certification of Application

I hereby certify that:

1. I am the person making this application for a certificate of registration from the College of Midwives of Ontario.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have read, understood and signed the application to which this certification is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I understand that, with the exception of Aboriginal midwives, according to the <i>Midwifery Act, 1991</i> , I am not permitted to use the title midwife, hold myself out as a person who is qualified to practise in Ontario as a midwife, or engage in the acts authorized to midwives in the <i>Midwifery Act, 1991</i> , unless I am currently registered with the College of Midwives of Ontario.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If the College of Midwives of Ontario grants me registration, I will comply with the legislation, regulations and standards of the College.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I understand that if I make any false or misleading statement or representation in connection with this application, I will be deemed to not meet the registration requirements and any certificate issued to me will be deemed invalid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I will notify the College of Midwives of Ontario immediately if any information that I submitted as part of my application changes between the time I submitted the information and the time I am notified that I have been granted or refused registration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 schedule on website
- I have attached a cheque for the jurisprudence course fee – \$300

### 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 Conflict of Interest Declaration Form signed by my proposed 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 and Undertaking provided by the College respecting a Transitional certificate
- I have attached Conflict of Interest Declaration Form signed by my proposed supervisor
- I have attached a signed Agreement to Act as a Supervisor Form related to a Transitional certificate

### 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.
- I have attached a clear copy of official photo identification (driver's licence, passport, photo health card, 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 certificate
- I have attached a copy of my current ES certificate
- I have attached my original vulnerable sector screening report
- (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: Complete applications can take up to 4 weeks to process

Please submit the application 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 [admin@cmo.on.ca](mailto:admin@cmo.on.ca) or by phone to 416-640-2252 ext. 204