



Section 1: Personal & Contact Information ?

To avoid unnecessary delays with the processing of your application, the College strongly recommends your careful review of the Registration Application Handbook prior to completing the application form. Please ensure all applicable sections of the form are completed and all supporting documentation is submitted with the completed application

Legal First Name:	
Legal Middle Name:	
Legal Last Name:	
Preferred/Common Name: (if applicable)	
Date of Birth: (DD/MM/YY)	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Attach photo
Here
**Not required
during the
COVID-19
pandemic 2020.**

Have you ever been known by any other name(s)? If yes, complete section below (proof of name change required).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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)	
Province/Territory:	Postal Code:
Home Phone:	Cell Phone:
Email address: (mandatory)	

Section 2: Application Category

Route of Entry

Ontario Midwifery Education Program (MEP) Graduate
Internationally Educated/International Midwifery Pre-Registration Program (IMPP)
Registered in other Canadian midwifery regulated jurisdiction Province:
Former member
Other, please specify:

Where do you intend to practice?

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

Are you applying for a transitional certificate?

Yes

No

Not available unless you have written the Canadian Midwifery Registration Examination (CMRE) and are awaiting the results.

Section 3: Midwifery Education & Clinical Requirements



3A) Ontario Midwifery Education Program Graduates

Name of Institution where you completed your midwifery education program:	Laurentian	McMaster	Ryerson
Graduation Date: (DD/MM/YY)			

Record of Clinical Experience

During the 2020 COVID-19 pandemic, the College will contact the midwifery education programs directly to obtain the clinical experience records for 2020 graduates.

Request made to have original official transcript directly forwarded to the College? (Transcript must state "Degree Conferred".)

Yes

During the COVID-19 pandemic 2020 the College will be obtaining letters directly from the Midwifery Education Programs to verify program completion. All applicants must provide official transcripts once available.

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:
Level Completed:
Graduation Date: (DD/MM/YY)

Have you completed the International Midwifery Pre-Registration Program (IMPP)?
Yes No

Date of Completion: (DD/MM/YY)

Final IMPP reports are provided directly to the College by the IMPP.

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.

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

Are you a former member of the College of Midwives of Ontario?	Yes	No
Name of current midwifery regulator:		
Current registration class:		
Date current registration expires:		
Current 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 Members Not Currently Registered in Another Canadian Jurisdiction

Previous College of Midwives of Ontario registration number:		
Certificate of Registration last held:		
Have you been practising midwifery in another jurisdiction?	Yes	No
If yes, where have you been practising?		
If no, what was the last year in which you actively practised midwifery?		

Section 4: Other Education Information

4A) All Applicants

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

Do you have any other academic/education qualifications?

N/A

1. Name of Institution:	
Program of Study:	
Level Completed:	
Graduation Date: (DD/MM/YY)	N/A
Country:	
Province/State:	

2. Name of Institution:	
Program of Study:	
Level Completed:	
Graduation Date: (DD/MM/YY)	N/A
Country:	
Province/State:	

Section 5: Other Registration Requirements



5A) Canadian Midwifery Registration Examination (CMRE)

Have you successfully completed the CMRE? Yes No

If yes, please indicate the date and province where you wrote and passed the CMRE.

Date: (DD/MM/YY)
Province:

If applicable, how many times have you written the CMRE? _____

If you have not successfully completed the CMRE, please indicate the date and province where you last wrote the CMRE.

Date (DD/MM/YY):
Province:

Due to the COVID-19 pandemic, all applicants who completed the MEP Final Clerkship Exam will be required to sign an undertaking requiring the completion of the CMRE when it is next available.

For Ontario Midwifery Education Program and International Midwifery Pre-Registration Program 2020 graduates, have you successfully completed the Final Clerkship Exam?

Yes No

The College will be verifying this information with the Midwifery Education Programs and the IMPP.

If you have completed the CMRE outside of Ontario, a Results Report must be sent directly to the College from the Canadian midwifery regulator in the jurisdiction where the exam was written. If you have or will complete your midwifery qualifying examination in Ontario, no action is required, the College will have the information on file.

5B) 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.

During the 2020 COVID-19 pandemic, certificates of continuing competency will be considered valid if they are current or if they expired a year or less than a year ago. Applicants must still complete this section and submit certificates indicating completed training with this application.

Neonatal Resuscitation (NRP)

Provider Name:
Current training completed on:
Proof attached:

Cardiopulmonary Resuscitation (CPR)

Provider Name:
Current training completed on:
Proof attached:

Emergency Skills (ES)

Provider Name:
Current training completed on:
Proof attached:

5C) College of Midwives of Ontario's Jurisprudence Course

Course completed on:
Certificate of completion attached:

5D) Vulnerable Sector Check

Please see the College's website here to ensure your vulnerable sector check meets all of the requirements of the College's Criminal Record Screening Policy.

Have you attached a Canadian Vulnerable Sector Check report conducted within the past six months? Yes No

During the COVID-19 pandemic, due to limited access to police services, you are not required to submit a vulnerable sector check report.

Under the Criminal Record Screening Policy, the Registrar may request submission of a vulnerable sector check at a later date.

5E) Eligibility to Engage in Employment in Canada

Are you a:

- Canadian Citizen
- Permanent Resident
- Have employment authorization under the Immigration and Refugee Protection Act (Canada)

Evidence of citizenship, permanent residency or employment authorization attached (see checklist):

Yes No

5F) Professional Liability Insurance

Have you applied for professional liability insurance? Yes No

If you are eligible for registration, the College will verify your professional liability insurance coverage.

5G) Fees

The following fees are required in accordance with the Registration Regulation and the College's Fees and Remuneration By-law:

- 1) \$100 application fee
- 2) Prorated initial membership fee and the administrative fee – see the Fee Schedule on the College's website, available [here](#).

Applicants can submit their application form along with payment through one of two methods:

1. CHEQUE AND MAIL. The cheques and form can be mailed to the College's offices at: 21 St. Clair Avenue East, Suite 303, Toronto, Ontario, M4T 1L9. Cheques should be payable to: *College of Midwives of Ontario* and not combined with any other payment.
2. ELECTRONIC SUBMISSION AND CREDIT CARD. On the form you can select that you prefer to pay by credit card. If you select this option prior to registration you will be contacted by the College to pay all fees by credit card. The form should be submitted through the College's secure deposit box on the College's website which can be found at the following link: <https://www.cmo.on.ca/applicants/application/applyinitial/>

Indicate how you will be paying your fees:

Cheque

Credit Card

Please note, registration is not possible until all fees have been received.

Section 6: 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? Yes No

Please list all regulatory or licensing bodies where you are or have ever been a member:

(A Letter of Standing is required from each organization listed.)

N/A

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 7: Disclosure of Prior Proceedings and Findings



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?	Yes	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?	Yes	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?	Yes	No
4. Have you ever been refused registration or licensure by a regulatory body or membership by a body that undertakes regulatory responsibility?	Yes	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?	Yes	No
6. Has your conduct become or is your conduct the subject of any previous or pending coroner's inquest proceedings or verdicts?	Yes	No
7. Have you ever been found guilty of an offence in Canada or in any other jurisdiction?	Yes	No
8. Since March 1, 2016, have you been charged with a criminal offence or any other provincial or federal offence?	Yes	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)?	Yes	No
10. Have you had any findings of professional negligence or malpractice made against you by a court after June 3, 2009?	Yes	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?	Yes	No
12. Have you ever been the subject of a court judgment relating to your professional activities as a midwife?	Yes	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?	Yes	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?	Yes	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

Section 8: Authorization & Certification

8A) 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

8B) 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.	Yes	No
2. I have read, understood and signed the application to which this certification is attached.	Yes	No
3. As an MEP graduate I will make arrangements for my university to send my official transcript when available.	Yes	N/A
4. 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.	Yes	No
5. If the College of Midwives of Ontario grants me registration, I will comply with the legislation, regulations and standards of the College.	Yes	No
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.	Yes	No
7. 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.	Yes	No
8. 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.	Yes	No

Please print and sign this page and include the signed page when submitting your application.

Signature:	
Print Name:	
Date:	

To avoid unnecessary delays in the College being able to process your application, please ensure all sections of the form have been completed and all required supporting documentation is submitted with the application form. An application is not considered complete until all required information has been received.

Notes

ALL APPLICANTS

I have made arrangements for Letters of Standing and Professional Conduct **to be sent directly to the College** from each regulatory or licensing body where I was previously or am currently registered

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 or most recent NRP certificate

I have attached a copy of my current or most recent CPR certificate

I have attached a copy of my current or most recent ES certificate

I have attached my original vulnerable sector screening report conducted within **6 months** prior to submission date of my complete application (**not required during the COVID-19 pandemic unless already obtained**)

(If applicable) I have made arrangements for my Canadian Midwifery Registration 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

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** (if not previously paid) **OR**

I have agreed to pay all fees by credit card

MEP APPLICANTS

I have attached my original clinical experience record **(if available)**

I will make arrangements for my university to send my **official** transcript to the College when available

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 my regulatory body where I am registered to provide a *Letter of Standing and Professional Conduct* directly to the College

Note: Complete applications can take 7 to 14 business days to process.

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