



## 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 have been or will be completed shortly:

- Current NRP, CPR, and ES certificates uploaded to the Member Portal as required ([See Options for 2021](#))  
Jurisprudence Course:    Log-in required    Uploaded to Member Portal    Previously completed
- I have made arrangements to obtain professional liability insurance

I certify the following:

I am legally authorized to work in Canada

I am not in default of any fee, penalty or other amount owing to the College

I have provided the College with all required information

**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):



## SECTION B Disclosure Questions

Please answer each of the following questions based on event(s) occurring or having occurred in Ontario or any other jurisdiction (inside or outside of Canada). For the purpose of this application, you should disclose information not previously provided to the College, including any new information about matters previously disclosed. (Do not leave any section blank)

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



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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](mailto:regsupport@cmo.on.ca).

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Applicant Signature:

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Date: (dd/mm/yy)



## SECTION C Current Clinical Experience and Active Practice Record Previous Four Years before application

A member must have actively practised midwifery for at least two years in the preceding four years immediately before the date of application for re-issuance of a General certificate of registration, and have the following birth numbers:

Total: 40 births consisting of  
 20 primary births including  
     10 primary out of hospital births  
     10 primary hospital births

In addition, a member must have, at the time of entry into the profession or over the course of the member's time practising the profession, completed the following:  
 have attended at least 60 births, of which at least,

- A. 40 were attended as primary midwife,
- B. 30 were attended as part of the care provided to a woman in accordance with the principles of continuity of care,
- C. 10 were attended in hospital, of which at least five were attended as primary midwife, and
- D. 10 were attended in a residence or remote clinic or remote birth centre, of which at least five were attended as primary midwife.

In order for the College to determine if you meet the two year active practice birth numbers above 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 this application as 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, 2020 would be required to report birth numbers from October 1, 2016 to September 30, 2017 for Year 1 and for each subsequent year would use the same timeframe.*

	<b>Out of Hospital (Primary)</b>	<b>Out of Hospital (Second)</b>	<b>Hospital (Primary)</b>	<b>Hospital (Second)</b>	<b>Total Attended</b>
<b>Year 1</b>					
From: <input type="text"/>					
To: <input type="text"/>					
<b>Year 2</b>					
From: <input type="text"/>					
To: <input type="text"/>					
<b>Year 3</b>					
From: <input type="text"/>					
To: <input type="text"/>					
<b>Year 4</b>					
From: <input type="text"/>					
To: <input type="text"/>					
<b>Two-year Total</b> (use your 2 best years)					



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

**For your 2-year reporting period calculated above confirm the following:**

I attended 40 total births	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I attended 20 primary births	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I attended 10 primary out-of-hospital births	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I attended 10 primary hospital births	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered no to any of the questions above, please complete section D**

**Section D does not apply to an applicant who, within the two years immediately preceding the date of application for re-issuance of a General certificate, satisfied the educational requirements to become registered with the College. Even if you answered NO to one or more of the questions in the table above.**

**Out of hospital birth** means giving birth at home or at a birth centre instead of a hospital

**Remote birth centre or clinic** means a birth centre or clinic located at a distance of at least 30 minutes journey from a hospital with surgical facilities, using a method of transportation ordinarily used for health care purposes in the area.

## **SECTION D Current clinical experience, active practice requirements and panel reviews**

Where the current clinical experience and active practice requirements for re-issuance of a General certificate are not met, a requalification program must be completed in accordance with the Registration Regulation. Applications are assessed using the assessment tool outlined in the College's [Requalification Program Approval and Registrar Authorization Policy](#) to determine if the application meets the low risk criteria established by the Registration Committee.

Applicants who fall into the low-risk category will not be referred to a Panel of the Registration Committee but will be required to complete a standard requalification program that has been approved by the Registration Committee. Members who do not meet the criteria to complete a standard requalification program will be referred to a panel of the Registration Committee to determine a requalification program.

### **Risk review for requalification program:**

**(Complete only if you answered no to one or more of the questions under section C)**

1. I have been inactive for 2 or more years?  Yes  No
2. Please answer the following:

Before going inactive I provided all aspects of midwifery care in accordance with the scope of practice as set out in the Midwifery Act (i.e. prenatal, intrapartum and postpartum care to women and newborns) and will be returning to this or will be practicing in an alternate model of midwifery care  Yes  No

Before going inactive I practised in an alternative model of midwifery care and will be returning to the model  Yes  No

Before going inactive I practised the profession for a minimum of 3 years (i.e. held a general certificate of registration and completed my new registrant year prior to going inactive)  Yes  No



Please explain the following:

3. What were the reasons for the shortfall in birth numbers?

4. How do you intend to practice if you are reissued a General certificate?

5. Do you believe you have been able to maintain your competence to provide midwifery care throughout pregnancy, intrapartum and postpartum as a primary care provider? Please explain:



6. How have you been maintaining your knowledge and skill to practice safely in all birth settings (hospital and out-of-hospital)?

7. Are there any things (document review, courses/training, other) that you believe you should complete prior to returning to practise to ensure current knowledge, skill and judgment?

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

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Applicant Signature

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Date (dd/mm/yy)