



Application for Admission to the Pilot Orientation and Assessment Program

- Please read application instructions carefully, complete the form, and forward it to the College of Midwives of Ontario via the secure dropbox on our website

A NAME AND CONTACT INFORMATION			
Legal Surname		Other/Previous Surname(s)	
Legal First Name		Legal Middle Name(s)	
Apt.	Street Number	Street	
City or Town	Province	Postal Code	Country
Home Phone		Mobile Phone	
Email Address			

B ELIGIBILITY REQUIREMENTS	
To be eligible for the Orientation and Assessment Program, you must meet all of the following criteria:	
1. Hold one of the following statuses:	
	Canadian Citizen
	Permanent Resident
	Protected Refugee
I have attached supporting documents:	Yes No
2. Have completed a midwifery education program anywhere in the world.	
	Yes No (If answered no, you are not eligible for admission in the program.)
Credential(s) Obtained:	
Name of Institution(s):	
Date(s) Completed:	
I have attached a program assessment report from World Education Services:	Yes No
3. Have demonstrated English language proficiency by achieving Scores of 7 or more in all sections of the IELTS academic exam or an equivalent language exam accepted by Canadian Immigration processes.	
	Yes No (If answered no, you are not eligible for admission in the program.)
I have attached a copy of my Academic IELTS exam report with scores of 7 or above in all sections :	Yes No
4. Have practised as a midwife providing clinical care in the past six years from the time of this application	
	Yes No (If answered no, you are not eligible for admission in the program.)

5. Have practised midwifery in the role of primary midwife (most responsible attendant) at a minimum of 100 births. Note: a maximum of 60 primary care births which were part of your midwifery education may be counted towards the 100 required births

Yes

No

(If answered no, you are not eligible for admission in the program.)

Please provide contact details of a supervisor who can verify your midwifery practice numbers and currency.

Name:

Organization:

Description of Role:

Email Address:

Phone:

Please provide contact details of your supervisor in your midwifery education program who can verify your birth numbers and currency, if applicable.

Name:

Organization:

Description of Role:

Email Address

Phone:

C AUTHORIZATION AND CERTIFICATION

Please note that your application will not be processed unless the box below has been checked and dated.

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 enrollment in the pilot Orientation and Assessment Program. 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 application, including with educational institutions, regulatory bodies, midwifery practices or others. I consent to the College of Midwives of Ontario collecting, using and disclosing my personal information for the purpose of determining my eligibility for admission to the pilot Orientation and Assessment Program and for the purpose of administering the Program.

I am checking the box to indicate that I have read and understood the application instructions and requirements and that all responses are true and accurate. I confirm that I have not withheld any relevant information relating to my immigration status, educational background or clinical experience. I understand that providing false or misleading information to the College of Midwives of Ontario could result in a refusal to admit me to the Program, or if I have already been admitted, a revocation of my admission. I agree to 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 admission.

I am also checking the box to indicate that I have read and understood all the content on the College of Midwives of Ontario – Pilot Orientation and Assessment Program page for the year that I am applying.

Date:

Name:

Signature