

Application for Registration

PART 1: Application Category

Please Choose One Category

- Graduate of Approved Education Program
- Reciprocity
- Approved Gap Training or Bridging Program
- Other, please specify _____

Anticipated Registration Date: ____/____/____ If requesting temporary Registration please indicate
DD / MM / YY end date ____/____/____

Registration Fee: Please enclose Prorated Registration fee based on your anticipated date of registration
(please see Fee Schedule for Initial Application for Registration)

- Registration Fee enclosed

Application Fee: Please enclose Application Fee of \$200.

- \$200 Application Fee enclosed

PART 2: General Information

Personal Information

Last Name: _____

Given Names: _____

Gender: ___ Female ___ Male

Date of Birth: ____/____/____
DD / MM / YY

Address: _____
Street Name

City/Town Province Postal Code

Telephone Number (H) _____

Pager Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Fax: _____

Mailing Address (if different than above): _____

City/Town Province Postal Code

Please send .jpg photo to CMM or attach one passport sized colour photograph (to be used for CMM photo ID)

Please enclose a copy of an official photo ID (e.g. passport, driver's license, citizenship card, etc.) in addition to the attached photo, with your application.

Copy of photo ID enclosed

Have you ever been known by any other name?

- No, proceed to Employment Eligibility
- Yes, complete section below

Previous Name(s):			When did you use this name?	
Last Name	First Name	Middle Name	from	to
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part 3: Employment Eligibility

- (a) Are you a Canadian citizen? *If No, complete (b).* ___ YES ___ NO
- (b) Do you hold permanent resident status under the Immigration Act (Canada)? *If No to (a) and (b), complete (c)* ___ YES ___ NO
- (c) Are you authorised under the Immigration Act (Canada) to engage in employment in Canada? ___ YES ___ NO

Part 4: Professional Affiliations

(a) Are you now or have you ever been registered/licensed/certified as a midwife in any other jurisdiction (province, country)? ___ YES ___ NO

If "YES", please request a letter of professional conduct be sent directly from that regulatory body to the CMM
 Name of Professional Body _____ Registration Number _____

Name of Professional Body _____ Registration Number _____

(b) Are you now or have you ever been registered/licensed/certified in any other regulated health profession in Manitoba or any other jurisdiction? ___ YES ___ NO

If "YES", please request a letter of professional conduct be sent directly from that regulatory body to the CMM
 Name of Professional Body _____ Registration Number _____

Name of Professional Body _____ Registration Number _____

PART 5: Education and Experience

Midwifery Education

Name of Program	Location	Dates attended	Degree, Diploma or Certificate Granted
Name of Program	Location	Dates attended	Degree, Diploma or Certificate Granted

Clinical Experience Requirements

Please confirm that you meet the following minimum clinical experience requirements as defined in Section 4(1)2. and 3. of the Midwifery Regulation:

- | | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> 40 births total | Yes <input type="checkbox"/> No <input type="checkbox"/> 20 births as primary midwife ¹ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 10 births conducted in the past two years | Yes <input type="checkbox"/> No <input type="checkbox"/> 75 prenatal examinations |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 75 postnatal examinations | Yes <input type="checkbox"/> No <input type="checkbox"/> 3 continuity of care ² |

Please ensure that you have arranged for the following information to be forwarded to the CMM or have included them in your application.

Approved Education Program Graduates

- Include a copy of your *Record of Clinical Experience*
- Arrange for your university to forward your official transcripts or other acceptable proof of graduation directly to the CMM
- I have arranged to have my Canadian Midwifery Registration Exam results forwarded to the CMM

Reciprocity Applicants

- Arrange for your regulatory body to forward *Proof of Professional Conduct* form directly to the CMM

Gap Training or Bridging Program Applicants

- Arrange for your Canadian Midwifery Registration Exam Results be forwarded to the CMM
- Arrange for your program to forward the following items directly to the CMM
 - Final Report
 - Clinical Experience Record
 - Final Evaluation

PART 6: Competency Requirements

Please enclose copies of your valid certificates with your application.

Valid training in adult and infant CPR in the past 24 months. ___ YES ___ NO
Date current training completed _____

Valid training in NRP (with intubation) in the past 12 months. ___ YES ___ NO
Date current training completed _____

Valid training in Emergency Skills in the past 24 months. ___ YES ___ NO
(May be completed within first six months of registration with CMM).
Date current training completed _____

Valid training in Fetal Health Surveillance in the past 24 months. ___ YES ___ NO
(May be completed within first six months of registration with CMM).
Date current training completed _____

- Copies of CPR, NRP, Emergency Skills and Fetal Health Surveillance training enclosed

¹ Primary midwife means a midwife who assumes primary responsibility for providing all aspects of midwifery care, including prenatal, intrapartum and postpartum care, and care of the newborn.

² Continuity of care means providing care to the same woman through at least four prenatal visits, labour and delivery, the newborn examination and at least one postnatal visit.

PART 7: Employment/Liability Insurance

Have you been offered a position as a midwife by a regional health authority? ____ **Yes** ____ **No**
 If "Yes" If "No"

Include a copy of your *Letter of Offer* including proposed start date.

Include plan for obtaining liability insurance.

PART 8: PROFESSIONAL PROCEEDINGS

Every applicant must disclose the following information about her practice of midwifery or of any other profession, whether in Manitoba or in another jurisdiction. Information provided in this section will be evaluated on a case-by-case basis. (You may be asked to provide more information later). Failure to disclose any information of any previous, present, or pending matters may result in your application being rejected, or revocation of your certificate to practise.

Do any of the following situations or circumstances apply to you?

- i) Yes No a finding of professional misconduct, incompetence or incapacity by a regulatory authority³,
- ii) Yes No an investigation in process with a regulatory authority,
- iii) Yes No a reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint,
- iv) Yes No an agreement to an undertaking made by consent with a regulatory authority,
- v) Yes No a dismissal for cause by an employer,
- vi) Yes No a denial of registration by a regulatory authority,
- vii) Yes No any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest,
- viii) Yes No a coroner's investigation, inquiry or inquest that is in process,
- ix) Yes No a denial of or loss of hospital admitting privileges or permit to practice,
- x) Yes No a professional liability insurance claim,
- xi) Yes No a settlement or judgement in any civil law suit or particulars of any civil action that is pending where the applicant is a party, and
- xii) Yes No convictions in relation to any federal or provincial offence.

If you checked Yes to any of the above, list on a separate piece of paper all incidents that relate to the relevant disclosure requirement. Include the nature of complaint or incident, the date of the incident, names and addresses of institutions, agencies or professional organisations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable, include a comprehensive summary addressing the ways in which any deficits in ethics, clinical practice or.

³ "Regulatory authority" means a regulatory college, professional association or governmental body that regulates a profession.

PART 9: AUTHORIZATION

I hereby authorize the College of Midwives of Manitoba to make such inquiries about me or the services I have provided as it considers appropriate in connection with this application for registration as a midwife under the *Midwifery Act* made by me.

I authorize any of my clients, employers, associates or any other person or organization the College may approach to release information about me or the services I have provided, and I agree that any communication between the College and other persons pertaining to this application shall be privileged and I waive any right of disclosure to me of such confidential information.

I further authorize the College to disclose information about me or the services I have provided to other regulatory authorities, hospitals, regional health authorities and other institutions to which I may apply for registration, employment or appointment.

I understand that several agencies in Manitoba will also require information about me after I am registered. I therefore further authorize the College to disclose my registration information to those agencies. These agencies include, but are not limited to, Ministry of Health, Vital Statistics, Emergency Medical Services and Manitoba laboratory services.

I understand that any information provided by me or any other person or organization in this application may be used by the College to assess my eligibility for registration.

I further understand that any false or misleading statement or representation made by me in this Application may disqualify me from registration or may be cause for revocation of any registration which is granted to me.

Applicant's Full Name (please print)

Signature of Applicant

DATED: _____
 Day Month Year

Part 10: Membership Agreement

As a member of the College of Midwives of Manitoba you have a commitment to:

- ◆ Provide midwifery care as defined by the *Midwifery Act*;
- ◆ Be familiar with, and practise according to, College regulations, standards, policies and guidelines;
- ◆ Submit applicable registration fees when due;
- ◆ Participate in any proceeding conducted by the College;
- ◆ Keep the College informed of any changes in your status as it relates to registration requirements, employment status*, mailing address, office address, e-mail, etc.;
- ◆ Abide by continuing education requirements of the College;
- ◆ Abide by quality assurance requirements of the College; and
- ◆ Engage in deliberation of issues by College Council, committees, and staff.

(* You must immediately inform the College of the date of work stoppage when your employment with a regional health authority is terminated (temporarily or permanently), suspended, or interrupted e.g. maternity leave, leave of absence) or your liability insurance is cancelled.)

You are entitled to:

- ◆ Use the College reference centre;
- ◆ Enter as a nominee for election as a member of the Council of the College or other committees;
- ◆ Participate as an appointed member to statutory committees.

I have read the above and hereby affirm that the information I have provided is correct. I hereby affirm my commitment to practise and abide in accordance with the standards of the College of Midwives of Manitoba. I understand that my application for registration will be presented to the Board of Assessors of the College of Midwives of Manitoba for consideration.

Date

Signature