

## Application for Registration

### PART 1: Application Category

**Please Choose One Category**

- Graduate of Approved Education Program
- Graduate of Approved Gap Training or Bridging Program
- Reciprocity from other Canadian Jurisdiction

**Anticipated Registration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ If requesting registration of less than 3 months indicate  
DD / MM / YY end date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- \$200 Application Fee enclosed

**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

### PART 2: General Information

**Personal Information**

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
DD / MM / YY

E-Mail Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Address: \_\_\_\_\_  
# Street Name City/Town Province Postal Code

Mailing Address: \_\_\_\_\_  
(if different than above) # Street Name 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 (Part 3)
- 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

Include initial training and subsequent related education, upgrading or bridging

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

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

<u>Approved Education Program Graduates</u>	<u>Gap Training or Bridging Program Applicants</u>	<u>Reciprocity Applicants</u>
<ul style="list-style-type: none"> <li><input type="radio"/> A copy of your <i>Record of Clinical Experience</i></li> <li><input type="radio"/> Arrange for your university to forward your official transcripts or other acceptable proof of graduation directly to the CMM</li> <li><input type="radio"/> Arrange for your Canadian Midwifery Registration Exam (CMRE) results forwarded to the CMM*</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Arrange for your program to forward the following items directly to the CMM                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Final Report</li> <li><input type="checkbox"/> Clinical Experience Record</li> <li><input type="checkbox"/> Final Evaluation</li> </ul> </li> <li><input type="radio"/> Arrange for your Canadian Midwifery Registration Exam (CMRE) results be forwarded to the CMM*</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Arrange for your regulatory body to forward <i>Proof of Professional Conduct</i> form directly to the CMM</li> </ul>

\*Applicants who have not yet written or received their results from the CMRE may be registered as an Exam Candidate.

### **Midwifery Clinical Experience Requirements**

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

- Yes  No  60 births in a clinical role  
Yes  No  40 births as primary midwife<sup>1</sup>  
Yes  No  15 births conducted in the past three years\*  
Yes  No  3 births with continuity of care<sup>2</sup>  
Yes  No  75 postnatal examinations (with 45 having taken place in the last 3 years)\*  
Yes  No  75 prenatal examinations (with 45 having taken place in the last 3 years)\*  
Yes  No  50 newborn visits (with 20 having taken place in the last 3 years)\*  
Yes  No  15 initial newborn examinations in the last 3 years\*

\*Applicants who do not have sufficient experience in the last 3 years may be registered as a Supervised Practice Candidate

### **PART 6: Competency Requirements**

**NRP (with intubation):**

Date completed: \_\_\_\_\_ (must be within the past **12** months)

**Adult and infant CPR:**

Date completed: \_\_\_\_\_ (must be within the past **24** months)

**Emergency Skills:**

Date completed: \_\_\_\_\_ (within the past 24 months or within the first six months of registration)

**Fetal Health Surveillance:**

Date completed: \_\_\_\_\_ (within the past 24 months within the first six months of registration)

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

### **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.

<sup>1</sup> means a midwife who, in his or her practice, assumes primary responsibility for providing all aspects of midwifery care, including prenatal, intrapartum and postpartum care, and care of the newborn.

<sup>2</sup> 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 three postnatal visits.

## PART 8: PROFESSIONAL PROCEEDINGS

Every applicant must disclose the following information about their practice of midwifery or of any other regulated 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 by a professional regulatory body<sup>3</sup> of professional misconduct, incompetence or an incapacity or lack of fitness to practise;
- ii) Yes  No  a censure, reprimand or imposition of conditions or educational requirements as a result of finding by a professional regulatory body;
- iii) Yes  No  suspension or cancellation of your registration or licence to practise midwifery or another regulated profession as a result of finding by a professional regulatory body;
- iv) Yes  No  a current investigation or proceeding by a professional regulatory body in relation to professional misconduct, incompetence or an incapacity or lack of fitness to practise;
- v) Yes  No  a denial of registration by a professional regulatory body;
- vi) Yes  No  a current or past restriction on, or suspension or termination of, your ability to practise midwifery or another regulated profession;
- vii) Yes  No  a termination for cause of employment or engagement as a member of the professional staff by a regional health authority or hospital;
- viii) Yes  No  a withdrawal of any of your privileges by a regional health authority or hospital;
- ix) Yes  No  a voluntary surrender of a licence or registration as a result of an agreement with a professional regulatory body;
- x) Yes  No  a mediated settlement of a complaint;
- xi) Yes  No  an inquiry, investigation or inquest initiated under *The Fatality Inquiries Act* or similar legislation in any jurisdiction;
- xii) Yes  No  are you subject of a claim, have you settled a claim or have you had a judgment made against you in relation to a civil claim in Canada or elsewhere respecting your professional practice or professional activities;
- xiii) Yes  No  have you entered a guilty plea to, or have a conviction for, or have outstanding charges for a criminal offence or an offence under any narcotic or controlled substances legislation in any jurisdiction;

***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 preparation revealed by the matters disclosed have been remedied.***

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

**PART 9: CRIMINAL RECORD, CHILD ABUSE AND ADULT ABUSE REGISTRY CHECK**

As per Section 3(1) of the *Midwifery Regulation* all applicants must submit a valid (within the past 12 months) Criminal Record Check, Child Abuse Registry Check and Adult Abuse Registry Check.

**For further information on these three requirements please review the Application Guidelines.**

- Arrange for a valid Criminal Record Check to be forwarded to the CMM.
- Arrange for a valid Child Abuse Registry Check to be forwarded to the CMM.
- Arrange for a valid Adult Abuse Registry Check to be forwarded to the CMM.

**PART 10: 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

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## Part 11: 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