

Application for Midwife Registration or Reinstatement

IMPORTANT INSTRUCTIONS

- 1. Provide all information requested in the application:** Attach extra pages if insufficient space is provided on the forms. Please ensure any extra pages are clearly labelled with your name, the question number to which the information pertains and numbered in sequence.
- 2. Identification:** Please submit two notarized copies of identification with your application. One of them must be government-issued and include your name, date of birth, signature and photo.
- 3. Supporting documentation:** Sections where supporting documentation is required are indicated. Submit all required documentation to support your application. If any of your official documentation is in a language other than English, you must also provide a notarized translation from a translator approved by the BC College of Nurses and Midwives (BCCNM).
- 4. Criminal record check:** You must complete a criminal record check. Instructions on how to complete a Canadian criminal record check and, if applicable, an international criminal record check will be provided to you upon receipt of your application.
- 5. Professional liability insurance:** You must have professional liability insurance coverage in place before registration. This can be obtained by contacting the Midwives Association of BC (MABC).
- 6. Opioids and Benzodiazepines: Safe Prescribing for Midwives Course:** You must successfully complete this course. Learn more or register for the course at <http://www.cmbc.bc.ca/launch-of-opioids-and-benzodiazepines-safe-prescribing-for-midwives-course/>.
- 7. Competency Requirements:** You are required to submit proof of your completion of or certification in the following competencies:
 - **Cardiopulmonary Resuscitation (CPR):** Please include a copy of the certification that meets the BCCNM requirements as set out in BCCNM's *Policy on Continuing Competencies*.
 - **Emergency Skills Workshop (ESW):** Please include a copy of certification that meets the BCCNM requirements as set out in BCCNM's *Policy on Continuing Competencies*.
 - **Fetal Health Surveillance (FHS):** Please include a copy of proof of completion of a FHS course that meets the requirements as set out in BCCNM's *Policy on Continuing Competencies*.
 - **Neonatal Resuscitation (NRP):** Please include a copy of proof of completion of a NRP course that meets the requirements as set out in BCCNM's *Policy on Continuing Competencies*.

QUESTIONS

If you have questions about how to complete this form or the requirements for midwife registration, please contact BCCNM Registration Services at 604.742.6200 or registermidwives@bccnm.ca.

Application for Midwife Registration or Reinstatement

PART A — Personal information

A. Identification

Last name: _____ First name: _____ Middle name: _____

Date of birth (mm/dd/yy) _____ BCCNM ID (if applicable): _____

Address (apt/box/#/street): _____ City/town: _____

Province/state: _____ Country: _____ Post code/zip code: _____

Home tel: _____ Cell: _____ Email: _____

Gender: Male Female

Supporting documentation required: Please attach notarized copies of two pieces of identification, one of them must be government-issued and include your name, date of birth, signature and photo.

B. Previous Names/Alias (including name changes, maiden names, and preferred names)

Have you ever been known by any other names? Yes No If yes, please complete:

Previous name: _____ Dates used from/to (mm/dd/yy): _____

Previous name: _____ Dates used from/to (mm/dd/yy): _____

Supporting documentation required: You must submit proof of a name change (e.g. notarized copy of a marriage certificate) if any of your documentation is in a different name than the one you are using now.

C. Indigenous Status (this section is optional and can be filled out if you wish to self-identify as an Indigenous person)

Are you an Indigenous person? Yes No

If yes, which Indigenous band and/or nation do you belong to? _____

D. Authorization to work in Canada (You must be a Canadian citizen or have authorization to reside and work in Canada)

Are you a Canadian citizen? Yes No

If no, do you have the authorization to reside and work in Canada? Yes No

Supporting documentation required: If you are a Canadian citizen, please enclose a notarized copy of your birth certificate, or citizenship card, or Canadian passport. If you are not a Canadian citizen, please enclose proof of the authorization to reside and work in Canada, i.e. a notarized copy of your permanent resident status or work permit.

Applicant name: _____

PART B — Application Category

Complete **section A** if you are applying for registration with BCCNM for the first time. Complete **section B** if you are applying to reinstate your registration.

A. Registration

Please select one or more of the following as applicable if this is your first time applying for registration with BCCNM.

1. I am:

A graduate from the (university): _____ midwifery program recognized by BCCNM¹.

I graduated or am expected to graduate on (dd/mm/yy): _____

I am currently registered in (Canadian jurisdiction(s)): _____ and am applying for registration under the Canadian Free Trade Agreement (CFTA)².

I have been registered since (dd/mm/yy): _____

A full-time faculty member of the (university): _____ midwifery education program which is recognized by BCCNM.

My current faculty appointment started on (dd/mm/yy): _____

2. I am requesting a registration start date of (dd/mm/yy): _____ and am applying for the following class of registration:

Practising midwife

Provisional midwife

Non-practising midwife

B. Reinstatement of registration

I am requesting a registration start date of (dd/mm/yy): _____ and am applying for the following class of registration:

Practising midwife

Provisional midwife

Non-practising midwife

1 BCCNM recognized midwifery programs include: Baccalaureate Midwifery Program of University of British Columbia in BC, Mount Royal University in Alberta, and Laurentian University, McMaster University and Ryerson University in Ontario. Internationally Educated Midwives Bridging Program of University of British Columbia in BC and Ryerson University in Ontario.

2 In accordance with CFTA, BCCNM will register midwives in the registration class equivalent to their status in the jurisdiction of origin.

Part C — Education (initial registration applicants only)

A. Midwifery education program³

To be filled out only if you have completed any midwifery education programs and/or midwifery bridging programs which are not recognized by BCCNM, either internationally or in Canada.

1. Name of program: _____ Name of school: _____
Jurisdiction/Country where recognized: _____ Length of program: _____
Graduation date (dd/mm/yy): _____ Degree/diploma/certificate granted: _____
2. Name of program: _____ Name of school: _____
Jurisdiction/Country where recognized: _____ Length of program: _____
Graduation date (dd/mm/yy): _____ Degree/diploma/certificate granted: _____

Supporting documentation required: If you are applying for registration upon graduation from a BCCNM recognized baccalaureate midwifery program or bridging program for internationally educated midwives, please:

- Attach a copy of proof of graduation or program completion
- Arrange for your midwifery program to forward your Record of Clinical Experience to BCCNM; and
- Arrange for your university to forward your official transcript to BCCNM.

B. Canadian Midwifery Registration Examination (CMRE)

This subsection applies to applicants who are applying for registration upon graduation from a BCCNM baccalaureate midwifery program or bridging program.

Please fill out the following regarding CMRE:

- I have registered to take the CMRE on the following date (dd/mm/yy): _____
- I have passed the CMRE and I have requested that my results be provided to BCCNM.
- I have passed the CMRE and BCCNM has my results.

C. Nursing program

To be filled out if you have additional nursing education⁴

- Name of program: _____ Name of school: _____
Jurisdiction/Country where recognized: _____ Length of program: _____
Graduation date (dd/mm/yy): _____ Degree/diploma/certificate granted: _____

³ For applicants applying for registration under the CFTA, this information is requested for purposes of maintaining the BCCNM database only and does not pertain to the registration process.

⁴ This information is requested for the purposes of maintaining the BCCNM database only and does not pertain to the registration process.

Applicant name: _____

Part D — Midwifery registration

A. Registration in other Canadian jurisdictions

Are you currently or have you ever been registered to practice midwifery in any other Canadian province or territory?

Yes No

If yes, please list all provinces or territories where you are currently or have previously been registered:

1. Canadian province or territory where registered: _____

Date of registration (dd/mm/yy): _____ to: _____

Current class of registration: _____

2. Canadian province or territory where registered: _____

Date of registration (dd/mm/yy): _____ to: _____

Current class of registration: _____

3. Canadian province or territory where registered: _____

Date of registration (dd/mm/yy): _____ to: _____

Current class of registration: _____

Did you meet the new registrant requirements in any of the province(s)/territories you are currently or have previously been registered in?

Yes No Unknown

If yes, in which province(s)/territories have you met the new registrant requirements?

Supporting documentation required: Please enclose a copy of your most recent certificate of registration for any province where you are currently or have most recently been registered.

B. Registration outside of Canada

Are you currently or have you ever been licensed/certified/registered to practice midwifery in a jurisdiction outside of Canada?

Yes No

If yes, please list all countries where you are currently or have previously been registered:

1. Country/State or province where registered: _____

Registering/regulating body: _____

Date of registration (dd/mm/yy): _____ to: _____

2. Country/State or province where registered: _____

Registering/regulating body: _____

Date of registration (dd/mm/yy): _____ to: _____

Part E — Clinical experience⁵**A. Clinical experience/active practice**

Check off the boxes below that apply:

- I have met the clinical experience requirements for practising midwife registration and my record of clinical experience is being forwarded by: _____ (required for new graduates and those who have completed a bridging program for internationally-educated midwives).
- I have met the active practice requirements for the province of _____ for the past _____ years.

B. Clinical experience numbers

Fill in all the boxes with your clinical experience numbers for the past five years from the date of your application:

Attended in a Regulated Jurisdiction in Canada				Other
<i>Births attended in an out-of-hospital setting as principal midwife⁶ (no transfer of care)</i>	<i>Births attended in a hospital as principal midwife (no transfer of care)</i>	<i>Births attended as a midwife with continuity⁷</i>	<i>Total births attended as a midwife (both principal and second midwife)</i>	<i>Total births attended in a regulated jurisdiction outside of Canada</i>

C. Verification

If you are applying for reinstatement of registration, you must ask one of your referees, preferably a midwife with whom you have practiced directly, to verify your clinical experience over the past five years.

I have asked _____ to verify my clinical experience numbers and if BCCNM does not receive this verification, the referee can be contacted directly at:

Email: _____ Phone: _____

D. Clinical experience by practice site

Applicants applying under the CFTA are not required to fill out the number of births attended as a principal midwife in this subsection.

Beginning with the most recent, please list all of your clinical practice sites in the past five years.

- Practice name: _____ Practiced from (dd/mm/yy): _____ to: _____
Practice contact: _____ Phone: _____
Country: _____ # of births attended as principal midwife: _____
- Practice name: _____ Practiced from (dd/mm/yy): _____ to: _____
Practice contact: _____ Phone: _____
Country: _____ # of births attended as principal midwife: _____

⁵ For applicants applying for registration under the CFTA or applying for reinstatement of registration, clinical experience information is requested for the purposes of crediting your Canadian midwifery experience towards BC active practice requirement after registration.

⁶ A midwife who, in practice or as a part of the education program, is the most responsible care provider for a client during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn and managing the third stage of labour, unless there were clinical indications for transferring care to a physician.

⁷ For applicants applying for registration under the CFTA or applying for reinstatement of registration, continuity of care means the provision of midwifery services during the antepartum, intrapartum and postpartum periods, to a client.

Applicant name: _____

Part E — Clinical experience cont'd

D. Clinical experience by practice site cont'd

3. Practice name: _____ Practiced from (dd/mm/yy): _____ to: _____
Practice contact: _____ Phone: _____
Country: _____ # of births attended as principal midwife: _____
4. Practice name: _____ Practiced from (dd/mm/yy): _____ to: _____
Practice contact: _____ Phone: _____
Country: _____ # of births attended as principal midwife: _____

E. Hospital privileges

Does not apply to new graduates of recognized midwifery programs.

Beginning with the most recent, please list all hospitals where you have held privileges in the past five years.

1. Hospital: _____ Privileged from (dd/mm/yy): _____ to: _____
Hospital contact: _____ Phone: _____
2. Hospital: _____ Privileged from (dd/mm/yy): _____ to: _____
Hospital contact: _____ Phone: _____
3. Hospital: _____ Privileged from (dd/mm/yy): _____ to: _____
Hospital contact: _____ Phone: _____
4. Hospital: _____ Privileged from (dd/mm/yy): _____ to: _____
Hospital contact: _____ Phone: _____

Applicant name: _____

Part F — Professional affiliations

Have you ever been licensed/certified/registered to practice any other health care professions in British Columbia or any other jurisdictions?

Yes No

If **yes**, please list all health care regulatory bodies and professional associations where you have ever been a registrant/member:

1. Professional body: _____ Registered from (dd/mm/yy): _____ to: _____
Address: _____

2. Professional body: _____ Registered from (dd/mm/yy): _____ to: _____
Address: _____

3. Professional body: _____ Registered from (dd/mm/yy): _____ to: _____
Address: _____

4. Professional body: _____ Registered from (dd/mm/yy): _____ to: _____
Address: _____

5. Professional body: _____ Registered from (dd/mm/yy): _____ to: _____
Address: _____

6. Professional body: _____ Registered from (dd/mm/yy): _____ to: _____
Address: _____

Part G — Disclosure of past proceedings

In accordance with BCCNM bylaws, to apply for registration or reinstatement of registration you must disclose all information that relates to you and your practice of midwifery or a health profession corresponding to midwifery in another jurisdiction, or is otherwise relevant to the safe and ethical practice of midwifery, regardless of where the event took place.

Do any of the following situations apply to you?

- Yes No A finding of professional misconduct, incompetence or incapacity by a regulatory authority⁸.
- Yes No An investigation in progress with a regulatory authority.
- Yes No A reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint.
- Yes No An agreement to an undertaking made by consent with a regulatory authority.
- Yes No A dismissal for cause by an employer.
- Yes No A denial of registration by a regulatory authority.
- Yes No A voluntary resignation of registration on the request or advice of a regulatory authority.
- Yes No Any verdict and recommendations of a coroner's investigation, inquiry or inquest.
- Yes No A coroner's investigation, inquiry or inquest in progress.
- Yes No A denial, suspension, restriction or modification of hospital admitting privileges or a permit to practice.
- Yes No A voluntary resignation of hospital privileges on the request or advice of a hospital or health authority administration.
- Yes No A professional insurance claim.
- Yes No Any pending civil or criminal action, notice of claim or settlement or judgement in any civil or criminal proceeding to which you are a party.
- Yes No A conviction for any federal or provincial offence.
- Yes No A physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs your ability to practice midwifery.

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 individuals, institutions, agencies or professional organizations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable include a comprehensive summary addressing what you learned and the ways in which any deficits in ethics, clinical practice or preparation revealed by the matters disclosed have been remedied.

Failure to disclose any information of any previous, present, or pending matter may result in your application being rejected or revocation of your certificate to practice.

⁸ "Regulatory authority" means a regulatory college, professional association or governmental body that regulates a profession.

Part H — Authorization

- Yes No I hereby authorise British Columbia College of Nurses and Midwives (BCCNM) to make such inquiries about me or the services I have provided as it considers appropriate in connection with this application for registration or reinstatement of registration made by me.
- Yes No I authorise any midwifery program(s) that I attended or any regulatory college for midwifery in a province where I have been registered, any hospital or health authority where I have held privileges, any of my clients, employers, associates or any other person or organisation which BCCNM may approach as applicable related to my education or professional practice to release information about me or the health care services I have provided.
- Yes No I further authorise BCCNM to disclose information about me or the services I have provided to other regulatory authorities, hospitals and other institutions to which I may apply for registration or appointment.
- Yes No I understand that several agencies in BC will also require information about me after I am registered. I therefore further authorise BCCNM to disclose my personal information, usually limited to my date of birth and gender, to those agencies. These agencies include but are not limited to relevant departments dealing with province-wide perinatal programs at Children’s and Women’s Health Centre, C.H. Wills Newborn Screening Laboratory, LifeLabs, Health Insurance BC, Ministry of Finance and Corporate Relations (Risk Management), Ministry of Health (Blood & Lab Services), Ministry of Health (Provider and Location Registry), Pharmacare, St. Paul’s Laboratory and the Vital Statistics Agency.
- Yes No I understand that any information provided by me or any other person or organisation in this application may be used by BCCNM to assess my eligibility for registration at any stage of the application/registration process.
- Yes No 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.

Part I — Declaration

I, (full name) _____ of (address) _____

do solemnly declare that (please check all the boxes below to confirm your declaration):

- I am the person making application for registration with British Columbia College of Nurses and Midwives.
- I have read and understood the application to which this declaration is attached.
- I am a person of good character.
- I, having read the Health Professions Act, Midwifery Regulation, the BCCNM bylaws in force, standards of practice and standards of professional ethics, will comply with the Health Professions Act, Midwifery Regulation, the BCCNM bylaws, standards of practice and standards of practice and standards of professional ethics if BCCNM grants me registration.
- I hereby declare that the information contained in the application to which this declaration is attached is true and complete to the best of my knowledge and belief.

Signature: _____ Date (mm/dd/yy): _____