

Application for Non-practising Midwife Registration

PART A — Personal information

Last name: _____ First name: _____
Middle name: _____ Former name(s) if applicable: _____
Date of birth (mm/dd/yy): _____ BCCNM ID: _____
Address (Apt/Box/#/Street): _____ City/town: _____
Province/State: _____ Country: _____ Postal code/zip code: _____
Home tel: _____ Cell: _____ Email: _____

Part B — Converting to non-practising registration

I wish to apply for non-practising registration effective (dd/mm/yy): _____

I understand that:

- I am maintaining an “inactive” registration with the BC College of Nurses and Midwives (BCCNM) until I apply and am approved for return to practice under bylaw 137;
- As a non-practising midwife registrant, I may use the title “non-practising midwife” or “RM (non-practising)”;
- By changing to non-practising midwife, I only have liability insurance coverage for prior acts;
- I remain responsible for payment of my practising registration fee up until my non-practising midwife registration effective date and the annual non-practising registration fee;
- My CPR, emergency skills, FHS and NRP certifications may be allowed to lapse during my non-practising period;
- I am responsible for ensuring that my CPR, emergency skills, FHS and NRP certifications are current prior to returning to practice;
- I must consider the implications of my non-practising period on my ability to meet active practice requirements and other competency and currency of skills requirements established under bylaw 159 where applicable; and
- I must complete and submit to BCCNM the Application for Return to Practice prior to the date I wish to return to practice.

Part C — Payment

Select one of the following:

- Please deduct my annual non-practising registration fee from the refund of my registration fee¹.
- I will pay the annual non-practising registration fee and the application fee for the change of registration class by credit card through my account on the BCCNM website once I receive an email notification about payment.

Part D — Client record storage

My client records will be stored at: _____
and can be accessed by contacting: _____

¹ Applicable for registrants who have paid the annual practising midwife or provisional midwife registration fee only.

Applicant name: _____

Part E — Hospital privileges

I currently hold privileges at:

Hospital: _____ Category of privileges²: _____

Hospital: _____ Category of privileges: _____

Hospital: _____ Category of privileges: _____

Hospital: _____ Category of privileges: _____

Part F — Declaration

- I declare that as of the date of my non-practising midwife registration, I will not practice midwifery, any restricted activities or otherwise, as specified in the Midwives Regulation, in the Province of British Columbia until my return to practice application has been approved by BCCNM.
- I further declare that I am the person making the application for non-practising midwife registration with BCCNM in the Province of British Columbia. I have read and understood the application to which this declaration is attached.
- I hereby declare that the information contained in this application is true and complete to the best of my knowledge and belief.

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

² Categories: Active, Associate, Locum, Provisional Active, Scientific/Research or Temporary privileges.