

Application for Reinstatement of Midwife Registration

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 and the question number to which the information pertains, and are numbered in sequence.
- 2. Identification:** Please submit a notarized name change document or marriage certificate if you have changed your name since you last held registration with BCCNM.
- 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 the Society of Translators and Interpreters of BC.
- 4. Criminal record check:** You will be asked to consent to a criminal record check if it has been over five years since your last result or if your registration has lapsed.
- 5. Professional liability insurance:** You must have professional liability insurance coverage in place before reinstating your practising midwife registration. This can be obtained by contacting the [Midwives Association of BC \(MABC\)](#).
- 6. Opioids and Benzodiazepines: Safe Prescribing for Midwives Course:** Submit proof of completion of this course to BCCNM only if you have not already done so.
- 7. Competency requirements:** Applicants for reinstatement of practising midwife registration must submit proof of completion or certification in Cardiopulmonary Resuscitation (CPR), Emergency Skills (ES), Fetal Health Surveillance (FHS), and Neonatal Resuscitation (NRP). These must meet the requirements in BCCNM's [Policy on Continuing Competencies](#).
- 8. Letters of standing:** If you have been granted professional registration with another regulatory body since you last held registration with BCCNM, you will need to request that the regulatory bodies send letters of standing directly to BCCNM.
- 9. New Registrant Mentorship Agreement:** If you were subject to the [Policy on New Registrant Requirements](#) and did not work in an established practice with a mentor for six months and provided care as a principle midwife for at least 20 clients and their newborns, you will need to submit an updated [New Registrant Mentorship Agreement](#).
- 10. Declaration of Currency and Competency:** Applicants for reinstatement of practising midwife registration must complete [Form 131 Quality Assurance Declaration of Currency and Competency](#) and submit it with this application.

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.

PART A — Personal information

A. Identification

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

BCCNM ID: _____

Registration status: Former practising midwife Current practising midwife
 Former non-practising midwife Current non-practising midwife

B. Former Names

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

Previous name: _____

Previous name: _____

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. Registration Class

I am requesting a reinstatement start date of (mm/dd/yy) _____ in the following class of registration:

Practising midwife Non-practising midwife

PART B — Registration in other provinces and/or countries

Have you been granted registration with another regulatory body since you last held registration with BCCNM?

Yes No If Yes, please list them below:

Name of registering body: _____

Province/state and country where registered: _____

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

Type of registration granted: _____

Name of registering body: _____

Province/state and country where registered: _____

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

Type of registration granted: _____

Supporting documentation required: You must request letters of standing or verification of registration from any regulatory bodies indicated above and have them sent directly to BCCNM.

If you were subject to the *Policy on New Registrant Requirements* prior to leaving practice, have you received confirmation from the college that you had met the requirement and worked in an established practice with a mentor for six months and provided care as a principle midwife for at least 20 clients and their newborns?

Yes No N/A

Supporting documentation required: If you are reinstating your practising registration and did not receive confirmation of this previously you will need to submit an updated *New Registrant Mentorship Agreement*.

PART C — Disclosure of past proceedings

If you are applying to reinstate your non-practising registration, you may skip to Part D.

In accordance with BCCNM bylaws, to apply for reinstatement of practising 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.

Have any of the following situations **ever** applied to you?

- Yes No A finding of professional misconduct, incompetence or incapacity by a regulatory authority¹.
- 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 liability 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.

If at any time during the year you become aware of any investigation, inquiry, review or other proceeding against you in any jurisdiction that could result in your entitlement to practise a profession being canceled, revoked, suspended limited, restricted, or made subject to limits or conditions, you must immediately provide to BCCNM written notice specifying the particulars of the proceeding.

¹ "Regulatory authority" means a regulatory college, professional association, or governmental body that regulates a profession.

PART D — Consent

- Yes No I hereby authorize 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 reinstatement of registration made by me.
- Yes No I authorise any midwifery program(s) that I attended or any regulatory college for midwifery and/or other health care professions in a jurisdiction 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 organization 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 organization 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 E — 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 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): _____