

Application for Temporary Midwife (Emergency) Registration

Temporary Registration During an Emergency — Instructions

WARNING: Please download and save this form to your computer before completing it. You need to take this step because some browsers, such as Chrome and Safari, will not save your content. Email your completed form to registermidwives@bccnm.ca.

When an emergency has been declared by the registrar, the temporary registration category allows BCCNM to quickly and temporarily register individuals who meet specific criteria. During a declared emergency, temporary registration is an option for:

- Midwives with current practising registration in good standing in Canada;
- Non-practising registrants who hold current certification in fetal health surveillance, neonatal resuscitation, cardiopulmonary resuscitation, and emergency skills (the certification has been completed after April 1, 2018); or
- Former registrants who hold current certification in fetal health surveillance, neonatal resuscitation, cardiopulmonary resuscitation, and emergency skills (the certification has been completed after April 1, 2018).

Temporary Registration During a Declared Emergency

- Temporary (emergency) registration is for the sole purpose of assisting in an emergency.
- Eligible applicants can practise midwifery in BC for up to 180 days.
- An extension is possible if the emergency situation continues to be in effect.

How to Apply

To apply for temporary registration during a declared emergency, applicants must:

- Complete and submit Form 133 Application for Temporary Midwife Emergency Registration. Attach extra pages if insufficient space is provided on the form. Please ensure any pages are clearly labelled with your name and the question number to which the information pertains, and that the pages are numbered in sequence;
- Complete a criminal record check. Instructions on how to complete a criminal record check will be provided to you upon receipt of your application; and
- Have professional liability insurance coverage in place before registration. This can be obtained by contacting the Midwives Association of BC (MABC).

Fees Waived

Payment is not required for temporary registration or the criminal record check.

For More Information

Email: registermidwives@bccnm.ca

Telephone: 604.742.6200 or toll-free 1.866.880.7701

Application for Temporary Midwife (Emergency) Registration

A. Personal Information

Last name: _____ First name: _____
Middle name: _____ Former name(s) if applicable: _____
Date of birth (mm/dd/yy) _____ BCCNM ID (if applicable): _____
Address (apt/box/#/street): _____ City/town: _____
Province/state: _____ Country: _____ Post code/zip code: _____
Telephone (include area code): _____ Email: _____
Gender: Male Female

Supporting documentation required: Please enclose a copy of government issued photo identification. If you are submitting photo identification for subsection B (i.e. a passport), this will suffice. You must submit proof of a name change (i.e. a marriage certificate) if any of your documentation is in a different name from the one you are using now.

B. Authorization to 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 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 copy of your permanent resident status or work permit.

C. Midwifery Registration

Do you currently hold registration in good standing in another jurisdiction? Yes No

Where: _____ Registration #: _____
Current class of registration: _____
Date of registration (mm/dd/yy): _____ to (mm/dd/yy): _____

Where: _____ Registration #: _____
Current class of registration: _____
Date of registration (mm/dd/yy): _____ to (mm/dd/yy): _____

C. Midwifery Registration (cont'd)

- Are you a non-practising registrant with CMBC? Yes No
- Are you a former registrant with CMBC? Yes No
- Do you confirm that you hold current certification in fetal health surveillance, neonatal resuscitation, cardiopulmonary resuscitation, and emergency skills? Yes No
- 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 provinces/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.

D. 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 is otherwise relevant to the safe and ethical practice of midwifery, regardless of where the event took place.

Do any of the following situations or circumstances apply 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, and/or settlement or judgement in any civil or criminal law suit to which you are a party.
- Yes No A conviction in relation to 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.

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 you have indicated **yes** to any of the above questions, a BCCNM representative will reach out to you for further information.

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

E. Declaration, Acknowledgement, Undertaking, and Consent

I declare that:

- Yes No To the best of my knowledge, all the information that I submit in or with this application is true and complete.
- Yes No I understand that falsification of a registration application, including the omission of requested information or the submission of falsified documents to BCCNM, may be cause for BCCNM to deny registration, investigate, or take other appropriate action.
- Yes No I, having read the *Health Professions Act*, the *Midwifery Regulation*, and Bylaws for the BC College of Nurses and Midwives in force, will comply with the *Health Professions Act*, the *Midwifery Regulation*, Bylaws, and standards of practice of BCCNM if BCCNM grants me registration.
- Yes No I understand that it is an offence under the *BC Health Professions Act* for a person to apply for BCCNM registration or continue to be registered with BCCNM if that person knows that they do not meet the conditions or requirements for BCCNM registration.
- Yes No I am of good character.
- Yes No I am the person applying for registration with BCCNM solely for the purpose of providing assistance during the emergency situation.

I acknowledge that:

- Yes No The information I submit in my application may be verified by BCCNM and I have read and understood the application I am submitting.
- Yes No Upon being granted registration, my name, date first registered, class of registration, and other information about me will be published on the BCCNM public register and will be available to any person upon request as required by the *Health Professions Act*.
- Yes No BCCNM collects, uses, and discloses information as authorized by the *Health Professions Act* and the *BC Freedom of Information and Protection of Privacy Act*.

Consent for collection of additional information and to share information:

- Yes No I consent to BCCNM asking any person, employer, government, education institution, police force, military authority, governing body, or other organization about anything relevant to my application for registration with BCCNM.
- Yes No I understand that several agencies in BC will also require information about me after I am registered. I therefore consent 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, CH 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 Registry System), Pharmacare, St. Paul's Laboratory, and the Vital Statistics Agency.

F. Quality Assurance Declaration of Currency and Competency

The BC College of Nurses and Midwives (BCCNM) recognizes that current clinical experience, self-assessment, and continuing professional development contribute to a practising registrant's knowledge, skills, and ability to provide midwifery care. The following declarations reflect the requirements for currency and competency as outlined in BCCNM's Quality Assurance Program Framework.

1. As Principal Midwife² I have provided the following over the past 36 months, in a regulated Canadian jurisdiction:
 - I. Prenatal care Yes No
 - II. Intrapartum care at home Yes No
 - III. Intrapartum care in hospital Yes No
 - IV. Postpartum care Yes No

2. I have the knowledge, skills, and ability to provide (as Principle Midwife):
 - I. Prenatal care Yes No
 - II. Intrapartum care at home Yes No
 - III. Intrapartum care in hospital Yes No
 - IV. Postpartum care Yes No

If you answered **no** to one or more of the above, please provide an explanation for each answer which is no:

I attest to the truth of the above declarations.

Please email your completed form to registermidwives@bccnm.ca.

² Principal Midwife: a midwife who takes primary responsibility for and provides midwifery care. This includes the delivery of prenatal care, management of the first, second, and third stages of labour, and the delivery of postpartum care. Where a midwife is providing direct supervision to a student midwife, a conditional registrant, a conditional (remedial) registrant, or a conditional (return to practice) registrant, the midwife can count care provided and births attended as Principal Midwife.