

Application for Temporary Emergency Registration (Midwife) — Instructions

WARNING: Please download and save this form to you 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.

In times of emergency, BCCNM can register eligible individuals in the temporary emergency registration class to assist with health-care response on a short-term basis.

Eligibility

- Practising midwives in good standing in another Canadian province or territory.
- Non-practising midwives in good standing who hold current certification in fetal health surveillance, neonatal resuscitation, cardiopulmonary resuscitation, and emergency skills.
- Former registrants who were in good standing when last registered and who hold current certification in fetal health surveillance, neonatal resuscitation, cardiopulmonary resuscitation, and emergency skills.

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 emergency registration during a declared emergency, applicants must:

- [Create a BCCNM account](#) if you do not have one already.
- Submit the completed Application for Temporary Emergency Registration (Midwife) to registermidwives@bccnm.ca.
- Submit copies of two forms of identification (one must include a photo) with your application. Visit our website for [accepted identification](#).
- Apply to the [Midwives Association of BC](#) to secure liability insurance.

Fees Waived

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

For More Information

- Email: registermidwives@bccnm.ca
- Telephone: 604.742.6200 or 1.866.880.7701 (toll-free in Canada only)

Application for Temporary Emergency Registration (Midwife)

A. Personal Information

Last name: _____ First name: _____

Middle name: _____ Former name(s) (birth/former/secular): _____

Preferred name: _____ Date of birth (DD/MM/YY): _____

Address (street): _____ City/town: _____ Province/state: _____

Postal/zip code: _____ Country: _____

Telephone (include area code): _____ Email: _____

B. Registration History

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

Where: _____ Registration #: _____ Class of registration: _____

If you hold registration in more than one jurisdiction, please provide details in an email to registermidwives@bccnm.ca.

2. Is your conduct or practice as a midwife currently under investigation? Yes No

If Yes, please provide details in an email to registermidwives@bccnm.ca.

3. Have you ever been disciplined by a regulatory body or has your registration or licensure, in B.C. or elsewhere, been under investigation, revoked, suspended, or had conditions and/or limits attached? Yes No

If Yes, please provide details in an email to registermidwives@bccnm.ca.

C. Charges and convictions

Have you ever been charged and/or convicted of a crime? Yes No

If Yes, please provide details in an email to registermidwives@bccnm.ca.

D. Criminal Record Check Consent

The *Criminal Records Review Act* requires all nursing professionals to undergo a criminal record check (CRC), completed by the Ministry of Public Safety and Solicitor General. Applicants undergo a CRC as part of the application process, and registrants are re-checked every five years. Please click on the link below to sign into your BCCNM account and consent to a CRC.

- Midwives Criminal Record Check Consent: <https://crc.midwives.bccnm.ca/>

E. Employment verification

Name of current or most recent employer: _____

Name of supervisor at current or most recent employer: _____

Supervisor phone: _____ Supervisor email: _____

F. Currency and Competency

1. As Principal Midwife¹ 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

3. I have and can provide proof of current certification in:

- I. Fetal health surveillance Yes No
- II. Neonatal resuscitation Yes No
- III. Cardiopulmonary resuscitation Yes No
- IV. Emergency skills Yes No

G. 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 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.

¹ 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.

G. Declaration, Acknowledgement, Undertaking, and Consent (cont'd)

- Yes No I confirm I do not have any existing physical or mental health conditions, including substance use disorder, that impairs my ability to practice nursing safely and competently.
- Yes No I am applying for temporary emergency registration 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:

- 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 acknowledge that once registered, BCCNM will disclose limited personal information to several agencies in BC to facilitate your practice, including but 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.

Please check this box to confirm the information you provided on this form is correct and complete.

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