

Application for Midwife Registration

Approved Program Graduate

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 certified by the Society of Translators and Interpreters of BC.
- 4. Criminal record check:** You must complete a criminal record check. Instructions on how to complete a Canadian 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.](#)
- 7. Competency Requirements:** Applicants for registration must submit proof of completion or certification in Cardiopulmonary Resuscitation (CPR), Emergency Skills (ES), Fetal Health Surveillance (FHS), and Neonatal Resuscitation (NRP). The approved courses and requirements are available on the [BCCNM website](#).

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

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

Preferred name: _____ BCCNM ID: _____

Supporting documentation required: Please attach notarized copies of two pieces of identification. [Review identification requirements on the BCCNM website.](#)

Have you ever been known by any other names (including name changes, maiden names, and preferred 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.

Part B — Start date

I am applying for practising midwife registration and am requesting a start date¹ of (mm/dd/yy): _____.

Part C — Education

A. Midwife education program

Please provide all information related to midwifery education (Canadian and international).

1. Name of school: _____
Country where education completed: _____ Language of Instruction: _____
Start date (mm/dd/yy): _____ Completion date (mm/dd/yy): _____
Degree/diploma/certificate granted: _____
2. Name of school: _____
Country where education completed: _____ Language of Instruction: _____
Start date (mm/dd/yy): _____ Completion date (mm/dd/yy): _____
Degree/diploma/certificate granted: _____
3. Name of school: _____
Country where education completed: _____ Language of Instruction: _____
Start date (mm/dd/yy): _____ Completion date (mm/dd/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

B. Canadian Midwifery Registration Examination (CMRE)

Please indicate your current status:

- I have registered to take the CMRE on the following date (mm/dd/yy): _____
- I have passed the CMRE. If I have not already provided my results to BCCNM, I will contact the Canadian Midwifery Regulators Council (CMRC) and request that my results be provided to BCCNM.

¹ BCCNM will endeavor to meet requested registration dates, but cannot guarantee application timelines. Please apply at least 4-6 weeks before your requested start date.

Part D — Other Registration

Are you currently or have you ever been registered or granted registration by another regulatory body?

Yes No

If yes, please list them below:

- Name of registering body: _____

Province/state where registered: _____ Country where registered: _____

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

Type of registration granted: _____
- Name of registering body: _____

Province/state where registered: _____ Country where registered: _____

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

Type of registration granted: _____
- Name of registering body: _____

Province/state where registered: _____ Country where registered: _____

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

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.

Part E — Clinical Experience

Clinical experience

- 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).

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 midwife² (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 continuity</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>

² 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.

Part F — Good Character

Good character refers to a combination of personal qualities and traits, such as:

- Moral or ethical strength
- Integrity, candour, empathy and honesty
- An appreciation of the difference between right and wrong
- The moral fibre to do that which is right, no matter how uncomfortable the doing may be and not to do that which is wrong no matter what the consequences may be to oneself
- The character to deal properly with the numerous and weighty demands place on professionals

If you answer yes to any of the following questions, please provide a fulsome explanation and details of any events or circumstances referred to.

- Yes No Have you ever been denied registration or licensure by a regulatory body?
- Yes No Has your registration or licensure, in B.C. or elsewhere, ever been under investigation, revoked, suspended, or had conditions and/or limits attached?
- Yes No Have you ever been disciplined, received a reprimand or imposition of conditions or educational requirements, or entered into an agreement to an undertaking made by consent by a regulatory body?
- Yes No Are you currently or ever been under any investigation, review or proceeding in any other jurisdiction or with any other organization, including, but not limited to, educational institutions and other regulatory bodies?
- Yes No Have you ever had hospital privileges denied, suspended, restricted or modified?
- Yes No Have you ever had a coroner's investigation, inquiry or inquest?
- Yes No Have you ever received a verdict or recommendation of a coroner's investigation, inquiry or inquest?
- Yes No Have you ever had a professional liability insurance claim?
- Yes No Have you ever been subject to civil or criminal action, notice of claim or settlement or judgement in any civil or criminal proceeding to which you were a party?

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.

Part G — Criminal Record

Under section 17(1) of the Criminal Records Review Act, all registrants must promptly report to BCCNM any criminal charges listed in Schedule 1 and Schedule 3 of the Act and the outcome of these criminal charges and authorize a new criminal record check.

You will be asked to submit your consent to a Criminal Record Check once your application has been assessed.

If you answer yes to any of the following questions, please provide details of any events or circumstances referred to.

You must answer the following questions honestly and accurately. Any omission or falsehood will result in a delay in the processing of your application and may result in denial or investigation of your registration. If you have questions, please contact us at registermidwives@bccnm.ca for assistance and clarification.

- Yes No Have you ever been charged with or convicted of a criminal offence?

Reminder: If at any time during the year you are charged with an offence under federal or provincial legislation in Canada, or in a foreign jurisdiction, you must immediately provide to BCCNM written notice specifying particulars of the charge (Bylaw 84).

Part H — Fitness to Practice

As the regulatory body for nurses and midwives in BC, it's our responsibility to determine whether applicants are fit to practice nursing and midwifery competently, safely and ethically.

Midwifery can be rigorous and requires a high level of functioning. Any health condition that compromises your ability to safely and competently practice midwifery puts others' health at risk, and harms the profession's reputation.

BCCNM recognizes that everyone experiences pressures in life and responds to those pressures differently. You may have a health condition and also be very capable of practising midwifery safely and competently. Accordingly, we are not looking for information about previous, resolved health conditions that do not currently affect your ability to function as a midwife. You need only report conditions that impair your ability to perform the duties of a midwife.

If you answer yes to the question below, please provide a general description. Once your application is received, you may be asked to provide further information about your health condition.

- Yes No Based on your personal history, your current circumstances or any professional opinion or advice you have received, do you have any existing physical or mental health condition, including a substance use disorder, that impairs your ability to practice midwifery safely and competently?

PART I — Declaration, Acknowledgement, Undertaking, and Consent

Check each box to confirm you understand and agree with each statement below. If you are not sure or have questions about any of the statements, please email registermidwives@bccnm.ca before you submit your application.

Declaration

- Yes No To the best of my knowledge, all the information I submit in, or with, this application is true and complete.
- Yes No I understand 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 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 they do not meet the conditions or requirements for BCCNM registration.

Acknowledgement

I Acknowledge:

- Yes No The information I provide in my application to BCCNM, including any additional information provided to support my application, may be verified by BCCNM.
- Yes No If 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*.

Undertaking

- Yes No I undertake to always practise my profession in compliance with the *Health Professions Act* of British Columbia, applicable regulations, the BCCNM Bylaws, and all applicable standards.

PART I — Declaration, Acknowledgement, Undertaking, and Consent (cont'd)

Consent

- Yes No I consent to BCCNM contacting any person, client, associate, employer, hospital or health authority where I have held privileges, government, educational institution, police force, military authority, governing body, or other organization about anything BCCNM considers relevant to my application to assist BCCNM in determining my eligibility for registration with BCCNM.
- Yes No I consent to BCCNM disclosing 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 consent to BCCNM disclosing 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.
- Yes No I consent to BCCNM providing updates regarding my application to the Midwives Association of BC (MABC) for the purposes of confirming my liability insurance, such as whether I have submitted an application, the date I will be granted registration and the class of registration I will be granted.

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