



Application for Initial Registration as a Practising Midwife

PART 1: Application Category

Please Choose One Category

- Radio buttons for: Graduate of Approved Education Program, Reciprocity, Multijurisdictional Midwifery Bridging Project (MMBP), Other, please specify

Anticipated Registration Date: DD / MM / YY If requesting temporary Registration please indicate end date

Application Fee: Please enclose Application Fee of \$200. Annual Registration fees will be invoiced separately.

- Radio button for: \$200 Application Fee enclosed

PART 2: General Information

Personal Information

Last Name:

Given Names:

Gender: Female Male Date of Birth: DD / MM / YY

Address: # Street Name City/Town Province Postal Code

Please attach one passport sized colour photograph (to be used for CMM photo ID)

Telephone Number (H)

Pager Number: Cell Phone Number:

E-Mail Address: Fax:

Mailing Address (if different than above):

City/Town Province Postal Code

Please enclose a copy of an official photo ID (e.g. passport, driver's license, citizenship card, etc.) in addition to the attached photo, with your application.

- Radio button for: Copy of photo ID enclosed

**Have you ever been known by any other name?**

- No, proceed to Employment Eligibility
- Yes, complete section below

Previous Name(s):			When did you use this name?	
Last Name	First Name	Middle Name	from	to

**Part 3: Employment Eligibility**

- (a) Are you a Canadian citizen? *If No, complete (b).* \_\_\_ YES \_\_\_ NO
- (b) Do you hold permanent resident status under the Immigration Act (Canada)? *If No to (a) and (b), complete (c)* \_\_\_ YES \_\_\_ NO
- (c) Are you authorised under the Immigration Act (Canada) to engage in employment in Canada? \_\_\_ YES \_\_\_ NO

**Part 4: Professional Affiliations**

**(a) Are you now or have you ever been registered/licensed/certified as a midwife in any other jurisdiction (province, country)?** \_\_\_ YES \_\_\_ NO

If "YES",

Name of Professional Body \_\_\_\_\_ Registration Number \_\_\_\_\_

Name of Professional Body \_\_\_\_\_ Registration Number \_\_\_\_\_

Name of Professional Body \_\_\_\_\_ Registration Number \_\_\_\_\_

**(b) Are you now or have you ever been registered/licensed/certified in any other regulated health profession in Manitoba or any other jurisdiction?** \_\_\_ YES \_\_\_ NO

If "YES",

Name of Professional Body \_\_\_\_\_ Registration Number \_\_\_\_\_

Name of Professional Body \_\_\_\_\_ Registration Number \_\_\_\_\_

Name of Professional Body \_\_\_\_\_ Registration Number \_\_\_\_\_

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## Part 5: Membership Agreement

**As a member of the College of Midwives of Manitoba you have a commitment to:**

- ◆ Provide midwifery care as defined by the *Midwifery Act*;
- ◆ Be familiar with, and practise according to, College regulations, standards, policies and guidelines;
- ◆ Submit applicable registration fees when due;
- ◆ Participate in any proceeding conducted by the College;
- ◆ Keep the College informed of any changes in your status as it relates to registration requirements, employment status\*, mailing address, office address, e-mail, etc.;
- ◆ Abide by continuing education requirements of the College;
- ◆ Abide by quality assurance requirements of the College; and
- ◆ Engage in deliberation of issues by College Council, committees, and staff.

***(\* You must immediately inform the College of the date of work stoppage when your employment with a regional health authority is terminated (temporarily or permanently), suspended, or interrupted e.g. maternity leave, leave of absence) or your liability insurance is cancelled.)***

**You are entitled to:**

- ◆ Use the College reference centre;
- ◆ Enter as a nominee for election as a member of the Council of the College or other committees;
- ◆ Participate as an appointed member to statutory committees.

I have read the above and hereby affirm that the information I have provided is correct. I hereby affirm my commitment to practise and abide in accordance with the standards of the College of Midwives of Manitoba. I understand that my application for registration will be presented to the Board of Assessors of the College of Midwives of Manitoba for consideration.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## PART 6: Education and Experience

Midwifery Education:

Name of Program	Location	Dates attended	Degree, Diploma or Certificate Granted

**Please ensure that you have arranged for the following information to be forwarded to the CMM or have included them in your application.**

### Approved Education Program Graduates

- Include a copy of your *Record of Clinical Experience*
- Arrange for your university to forward your official transcripts directly to the CMM

### Reciprocity Applicants

- Arrange for your regulatory body to forward *Proof of Professional Conduct* form directly to the CMM

### MMBP Graduates

- Arrange for your university to forward your *MAPR Completion Report* directly to the CMM

## PART 7: Employment/Liability Insurance

Have you been offered a position as a midwife by a regional health authority? \_\_\_ **Yes** \_\_\_ **No**

If "Yes"

- Include a copy of your *Letter of Offer* including proposed start date.

If "No"

- Include plan for obtaining liability insurance.

## PART 8: Competency Requirements

Please enclose copies of your valid certificates with your application.

Valid training in adult and infant CPR in the past 12 months. \_\_\_ **YES** \_\_\_ **NO**  
Date current training completed \_\_\_\_\_

Valid training in NRP (with intubation) in the past 12 months. \_\_\_ **YES** \_\_\_ **NO**  
Date current training completed \_\_\_\_\_

Valid training in Emergency Skills in the past 24 months. \_\_\_ **YES** \_\_\_ **NO**  
(*May be completed within first six months of registration with CMM*).  
Date current training completed \_\_\_\_\_

- Copies of CPR, NRP and Emergency Skills training enclosed

## PART 9: PROFESSIONAL PROCEEDINGS

Every applicant must disclose the following information about her practice of midwifery or of any other profession, whether in Manitoba or in another jurisdiction. Information provided in this section will be evaluated on a case-by-case basis. (You may be asked to provide more information later). Failure to disclose any information of any previous, present, or pending matters may result in your application being rejected, or revocation of your certificate to practise.

Do any of the following situations or circumstances apply to you?

- i) Yes  No  a finding of professional misconduct, incompetence or incapacity by a regulatory authority<sup>1</sup>,
- ii) Yes  No  an investigation in process with a regulatory authority,
- iii) Yes  No  a reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint,
- iv) Yes  No  an agreement to an undertaking made by consent with a regulatory authority,
- v) Yes  No  a dismissal for cause by an employer,
- vi) Yes  No  a denial of registration by a regulatory authority,
- vii) Yes  No  any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest,
- viii) Yes  No  a coroner's investigation, inquiry or inquest that is in process,
- ix) Yes  No  a denial of or loss of hospital admitting privileges or permit to practice,
- x) Yes  No  a professional liability insurance claim,
- xi) Yes  No  a settlement or judgement in any civil law suit or particulars of any civil action that is pending where the applicant is a party, and
- xii) Yes  No  convictions in relation to any federal or provincial offence.

***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 institutions, agencies or professional organisations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable, include a comprehensive summary addressing the ways in which any deficits in ethics, clinical practice or preparation revealed by the matters disclosed have been remedied.***

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

**PART 10: AUTHORIZATION**

I hereby authorize the College of Midwives of Manitoba to make such inquiries about me or the services I have provided as it considers appropriate in connection with this application for registration as a midwife under the *Midwifery Act* made by me.

I authorize any of my clients, employers, associates or any other person or organization the College may approach to release information about me or the services I have provided, and I agree that any communication between the College and other persons pertaining to this application shall be privileged and I waive any right of disclosure to me of such confidential information.

I further authorize the College to disclose information about me or the services I have provided to other regulatory authorities, hospitals, regional health authorities and other institutions to which I may apply for registration, employment or appointment.

I understand that several agencies in Manitoba will also require information about me after I am registered. I therefore further authorize the College to disclose my registration information to those agencies. These agencies include, but are not limited to, Ministry of Health, Vital Statistics, Emergency Medical Services and Manitoba laboratory services.

I understand that any information provided by me or any other person or organization in this application may be used by the College to assess my eligibility for registration.

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.

\_\_\_\_\_  
Applicant's Full Name (please print)

\_\_\_\_\_  
Signature of Applicant

DATED: \_\_\_\_\_  
          Day           Month           Year