

Letter of Standing and Professional Conduct Consent Form

To permit direct communication between the College of Midwives of Ontario and a Canadian Midwifery Regulatory Body, please complete and return this consent form to the College of Midwives of Ontario.

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Midwife Name	Regis	stration#		
Name of all Canadian Midwifery Regulatory Boo Please include dates.	dies of which I am a Registrant or h	nave ever been a Registrant.		
Recipient Information				
Recipient Name and Title				
Name of Canadian Midwifery Regulatory B	ody			
Address of Regulatory Body				
City		Postal Code		
Email				
I authorize the College of Midwives of Ontario to above, the information about my registration an professional conduct that may not be generally	d professional conduct, including i	cor, noted in the Recipient Information section information about my registration and		
Signature		Date		
*Information Provided within the Letter of	Good Standing and Profession	nal Conduct		
 Registration Number, Registration Classes and Statuses (current and previous) Active Practice/Currency Information Terms, Conditions, Limitations and Restrictions Current Inquiries, Complaints, and Investigations Discipline or Incapacity Proceedings and Findings Complaints History that Resulted in Action Being Taken Undertakings and Agreements to Restrict Practice or Take Remedial Action Suspension, Cancellation, Revocation or Denial of Registration 				
Regular Delivery (within 15 business days fro	om receipt of payment): Include a f	ee of \$40		
☐ Expedited Service (within 5 business days fro	om receipt of payment): Include a f	fee of \$60		
Credit card payments will be through the Regist Please do not enter credit card details on this		vised when an invoice is available for payment.		
Send completed request by email to conduct@	ocmo.on.ca (preferred) or by mail to	o the address noted below.		