



Letter of Professional Standing – Request Form

Please send the completed and signed request form to the College's Professional Conduct Department by email to conduct@cmo.on.ca (preferred). Alternatively, you may mail your request to: 21 St Clair Avenue East, Suite 303, Toronto, ON M4T 1L9.

SECTION A – Registrant Requesting the Letter of Professional Standing (Defined in Section C)

Midwife Name _____

Registration # _____

I would like a copy of the Letter of Professional Standing emailed to me for my own information and records.

Yes

No

SECTION B – Person to Receive the Letter by Email or Secure Electronic Transfer

Recipient Name _____

Recipient Title _____

Organization Name _____

Organization Address _____

City _____

Province _____

Postal Code _____

Telephone _____

Email _____

SECTION C – Information Provided in the Letter of Professional Standing

Information included in the Letter of Professional Standing, includes information available on the [College's public register](#) – Find a Midwife. The content of the public register is determined by section 23 of the Health Professions Procedural Code (the Code), which is schedule 2 to the Regulated Health Professions Act, 1991 (the RHPA) and Article 14 of the College's General By-Law. It includes the following information:

General & Registration Information:

- Registrant's name and College registration number
- Date of initial registration
- Class and status of current certificate of registration held by the registrant
- Details of any terms, conditions and limitations on the certificate that are currently in effect
- Details of any suspension or revocation, including the reason for the suspension or revocation
- Date of resignation, if applicable
- Current and Past Practice Information
- Current Hospital/Birth Centre Privileges
- Registration History with the College of Midwives of Ontario
- Health Profession Corporation Information, if applicable
- Registration History with Other Regulators, if applicable and known



Professional Conduct Information:

- Details about any current proceedings and findings of professional misconduct, incompetence or incapacity
- Details of any oral caution and specified continuing education or remedial program (SCERP) resulting from an investigation
- Details about any acknowledgement and undertaking in effect
- Interim orders in effect

Other Information (if known to the College)¹:

- Non-College information such as negligence and malpractice
- Details about any existing charges (or subsequent finding of guilt) for an offence
- Details of any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority

Not Included:

- Information on open investigations unless there is compelling public interest to do so in accordance with s. 36(1)(g) of the *Regulated Health Professions Act, 1991*.
- Complaints history unless the Letter is being sent to a body that governs a profession inside or outside of Ontario in accordance with s. 36(1)(c) of the *Regulated Health Professions Act, 1991*.

¹Including any information that is outlined in article 14.02 of the College's General By-law.

SECTION D – Consent to Release of Information

While consent is not required to release information that it is publicly available on the College's public register, the College has the ability to disclose additional information pursuant to Section 36(1) of the *Regulated Health Professions Act, 1991* (RHPA). Under s. 36(1)(j) of the RHPA, the written consent of the person to whom the information relates provides the College with the authority to provide information that is not publicly available.

I, _____ have read **SECTION C – Information provided in the Letter of**
(name of registrant)

Professional Standing above and hereby consent to the College of Midwives of Ontario ("the College") releasing the information listed in that section to _____

(name of organization receiving Letter of Professional Standing)

I further acknowledge that the College has the ability to disclose this information pursuant to Section 36(1) of the *Regulated Health Professions Act, 1991*.

Signature _____

Date _____

SECTION E – Processing Information

If you are paying by credit card (preferred): Please submit the completed form and check off the service you require. Registrants will be advised by email when an invoice is available for payment by credit card through the Registrant Portal. **Please do not enter credit card details on this form.**

- Regular Delivery (within **15** business days from receipt of payment): **\$40**
- Expedited Service (within **5** business days from receipt of payment): **\$60**

The College also accepts payments by cheque by regular mail.

Note that your request will only be processed once a **completed request form and payment** have been received.