



Application for a Waiver of Standards

Please refer to the College's [Waiver Policy-Standards](#) that outlines the circumstances in which the College may grant you a waiver of standards. Submit your application only if you are confident that you will be able to demonstrate to the College that exceptional circumstances exist and that granting you a waiver is in the public interest. Please note that the College does not have the power to waive or permit practice outside of statutory provisions such as the midwifery scope of practice or the controlled acts authorized to midwives. Midwives can only perform acts outside of statutory provisions through delegation. If you have an active practice shortfall or seek an exemption from the quality assurance program requirements, you are not required to fill out this application. Please contact the College for more information.

Member

Applicant name:

Applicant certificate of registration number:

Do you currently have a waiver from the College?

Yes No

If yes, please provide details:

Details of waiver and its impact on client care

Please indicate the standard(s) for which you request a waiver:

Please provide reasons for requesting a waiver:

Please describe how the waiver will impact client care should it be granted to you:

Evidence of exceptional circumstances

Please provide evidence of exceptional circumstances below:

Please list any attached document(s) you are providing in support of your application:

Public interest rationale

You must satisfy the College that the following apply in all circumstances:

1. Will the waiver support the public interest which the standards are designed to safeguard?
2. Will a public benefit be gained by a departure from the standard(s) for which you request a waiver?
3. Will granting a waiver give rise to a risk of harm to the clients' interests?
4. Will granting a waiver give rise to a risk of harm to the public interest?
5. Will granting a waiver will give rise to a risk of harm to the regulatory objectives set out in [section 3 \(1\) of the Code](#)?
6. Will granting a waiver give rise to a risk of harm to the College's [regulatory outcomes](#)?

Declarations

In making this application:

1. I confirm that I have read and understood the [Waiver Policy – Standards](#).
2. I declare that the information in this application is complete and accurate, and that I will notify the College as soon as any information provided in this application has changed.

Signed

Name

Date

For office use only

Date received:

Received by:

Reference number: