



New Registrant Conditions Reporting Form

As a general registrant of the College of Midwives of Ontario, I submit this reporting form to have the new registrant conditions lifted from my registration certificate. *Please allow a **minimum** of 10 business days for the processing of your request. For further information, and to ensure there are no significant delays in the processing of your application, please read the New Registrant Policy, available on the College's website.*

First Name:	Last Name:	College Reg. No.:
Issue Date of General Certificate (dd,mm,yyyy):		

1	Practice Name:	
	Dates at Practice (dd,mm,yyyy):	
	From:	To:
2	Births Attended as Primary Midwife: (minimum 30)	Transfers:
	Births Attended as Second Midwife: (minimum 30)	

I confirm I have met each condition of the New Registrants Policy consisting of:

- ☐ CONDITION 1: Midwifery practice in an established Ontario practice for a period of one year.
☐ CONDITION 2: Completion of the minimum birth requirements reported above.

Member Signature: _____ Date (dd/mm/yyyy): _____

As a practising general registrant without new registrant conditions, I confirm the above-named has practised in an established Ontario practice for a period of one year, and has completed the birth numbers reported on this form in Ontario, which can be supported by documentation on file at the practice.

General (Eligible to practise)
Midwife Signature: _____ Date (dd/mm/yyyy): _____

General (Eligible to practise)
Midwife Name: _____ Midwife Reg. No.: _____

Submit this completed form to the College by email to: registration@cmo.on.ca

Upon the processing of this form, the College will advise the applicant by email, update the Public Register, and inform stakeholders of the change. Subsequently, a new wallet card and registration certificate will be available via the member portal. A gold-sealed general certificate of registration will follow by regular mail within 6 weeks of the date this form is processed. *Please note changes are not retroactive.*

For College Use Only:	Approved by the College:	Effective Date (dd/mm/yy):
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