



## Section 1: Personal & Contact Information

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Legal First Name:	
Legal Middle Name:	
Legal Last Name:	
Preferred/Common Name: (if applicable)	
Date of Birth: (DD/MM/YY)	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Photo:	<input type="checkbox"/> I have attached a current-coloured headshot with a plain background.

Have you ever been known by any other name(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete section below (proof of name change required)		
1. Previous Name:		
Last:	Middle:	First:
Name used From: (DD/MM/YY)		To: (DD/MM/YY)
2. Previous Name:		
Last:	Middle:	First:
Name used From: (DD/MM/YY)		To: (DD/MM/YY)

Address: (This address must be able to receive correspondence)		
City:	Province/Territory:	Postal Code:
Primary Phone Number:		
Email address: (mandatory)		

Should your contact information change during the registration application process, please notify the College as soon as possible at [admin@cmo.on.ca](mailto:admin@cmo.on.ca).



## Section 2: Application Category

Route of Entry

<input type="checkbox"/> Ontario Midwifery Education Program (MEP) Graduate
<input type="checkbox"/> Internationally Educated/International Midwifery Pre-Registration Program (IMPP)
<input type="checkbox"/> Registered in other Canadian midwifery regulated jurisdiction Province:
<input type="checkbox"/> Former member
<input type="checkbox"/> Other, please specify:

Where do you intend to practice?

Practice Name:
Requested Registration Date: (DD/MM/YY):

Are you applying for a transitional certificate?

Yes  No

*Not available unless you have written the Canadian Midwifery Registration Examination (CMRE) and are awaiting the results.*

## Section 3: Midwifery Education & Clinical Requirements

### 3A) Ontario Midwifery Education Program Graduates

Name of Institution where you completed your midwifery education program:	<input type="checkbox"/> Laurentian <input type="checkbox"/> McMaster <input type="checkbox"/> Ryerson
Graduation Date: (DD/MM/YY)	

#### **Record of Clinical Experience:**

I have made arrangements with the Midwifery Education Program to have my clinical experience record sent directly to the College.

#### **Transcripts:**

I will make arrangements to have my original official transcript sent directly to the College.

*All applicants must provide official transcripts as soon as they are available, transcripts must state "Degree Conferred". The College will be obtaining letters directly from the Midwifery Education Programs to verify program completion.*



### 3B) Internationally Educated Applicants

In what Country did you initially receive your midwifery education?
If USA, please indicate State:
Name of Institution:
Program of Study:
Level completed:
Graduation Date: (DD/MM/YY)

Have you completed the International Midwifery Pre-Registration Program (IMPP)?  Yes  No

Date of Completion: (DD/MM/YY)
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*Final IMPP reports are provided directly to the College by the IMPP.*

In order to meet the clinical experience requirements of a General certificate of registration internationally educated applicants are generally initially registered in the Supervised Practice class.

Proposed supervising midwife's name:
Registration Number:

*Conflict of Interest Declaration* form for proposed supervising midwife attached:  Yes

### 3C) Applicants from Other Regulated Canadian Midwifery Jurisdictions

Are you a former member of the College of Midwives of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of current midwifery regulator:
Current registration class:
Date current registration expires:
Current registration number:

*A Letter of Standing & Professional Conduct* issued by the jurisdiction from which you are applying is required.

Arrangements have been made to have a current letter sent directly to the College of Midwives of Ontario.



### 3D) Former Members Not Currently Registered in Another Canadian Jurisdiction

Previous College of Midwives of Ontario registration number:	
Certificate of Registration last held:	
Have you been practising midwifery in another jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where have you been practising?	
If no, what was the last year in which you actively practised midwifery?	

## Section 4: Other Education Information

### 4A) All Applicants

Highest Level of Education Obtained:	
Field of Study:	
Institution: (if obtained within Canada)	
Country:	Province/State:
Graduation Year:	

Do you have any other academic/education qualifications?  N/A

1.	Name of Institution:
	Program of Study:
	Level Completed:
	Graduation Date: <input type="checkbox"/> N/A
	Country:
	Province/State:

2.	Name of Institution:
	Program of Study:
	Level Completed:
	Graduation Date: <input type="checkbox"/> N/A
	Country:
	Province/State:



## Section 5: Other Registration Requirements

### 5A) Canadian Midwifery Registration Examination (CMRE)

Have you successfully completed the CMRE?  Yes  No  
If yes, please indicate the date and province where you wrote and passed the CMRE.

Date: (DD/MM/YY)
Province:

If applicable, how many times have you written the CMRE?

If you have not successfully completed the CMRE, please indicate the date and province where you last wrote the CMRE.

Date: (DD/MM/YY)
Province:

*Due to the COVID-19 pandemic, all 2021 applicants who completed the Final Clerkship Exam will be required to sign an undertaking requiring the completion of the CMRE when it is next available.*

For Ontario Midwifery Education Program and International Midwifery Pre-Registration Program 2021 graduates, have you successfully completed the Final Clerkship Exam?  Yes  No

**The College will be verifying this information with the Midwifery Education Programs and the IMPP.**

If you have completed the CMRE outside of Ontario, a Results Report must be sent directly to the College from the Canadian midwifery regulator in the jurisdiction where the exam was written. If you have or will complete your midwifery qualifying examination in Ontario, no action is required, the College will have the information on file.

### 5B) Continuing Competency Requirements

Applicants must successfully complete a College of Midwives of Ontario [approved course](#) in Neonatal Resuscitation (NRP), Cardiopulmonary Resuscitation (CPR), and Obstetric Emergency Skills (ES). [Click here](#) for the College's Continuing Competency Requirements and Approved Courses information and options for 2021.



Applicants for 2021 have **two** options to provide satisfactory evidence of continuing competency in NRP, CPR, and ES.

**Option 1:** Complete an approved continuing competency course(s) including the in-person component and provide a copy of the certificate of completion with your application for registration.

**Option 2:** Complete the online components of an approved continuing competency course(s) and skills review/practice and complete the declaration form below (page 7).

### Option 1: Current NRP, CPR or ES

Neonatal Resuscitation (NRP)

Provider Name:
Current training completed on:
Current certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Cardiopulmonary Resuscitation (CPR)

Provider Name:
Current training completed on:
Current certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Emergency Skills (ES)

Provider Name:
Current training completed on:
Current certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

### Option 2: 2021 Declaration of Continuing Competency in NRP, CPR and/or ES

N/A

This declaration is to be completed by applicants to confirm recent continuing competency activities in NRP, CPR and/or ES for 2021 in accordance with the requirements outlined below.

This **does not apply** when an applicant has completed a full course(s) including the in-person components and holds a current certificate in NRP, CPR or ES in accordance with the College's [Continuing Competency Requirements and Approved Courses](#) document.



**Select all that apply below:**

**NRP (Neonatal Resuscitation Program) – Advanced Level**

- I have completed the adjunct learning recommended by the Canadian Paediatric Society (CPS), including review of neonatal clinical guidance around COVID-19, and completed the online NRP examination. See the [CPS website](#) for details of adjunct learning and neonatal clinical guidance.

**CPR (Cardiopulmonary Resuscitation) – BLS or HCP**

- I have completed the online portion of an interim/blended CPR course through a College approved CPR course provider. *Note: Not all course providers offer an interim/blended course.*

Name of Course: \_\_\_\_\_

Name of Course Provider: \_\_\_\_\_

**ES (Emergency Skills)**

- I have completed all online components of an ES course through a College approved ES course provider.

Name of Course: \_\_\_\_\_

Name of Course Provider: \_\_\_\_\_

**I declare to the College of Midwives of Ontario that I have:**

- completed skills practice using hypothetical NRP, CPR and/or ES (as applicable) case scenarios with members of midwifery practice groups or hospital colleagues either virtually or in-person.
- reflected on what was learned and discussed and have addressed any issues or shortcomings in my knowledge, skills and judgment that are relevant to my practice.
- retained a written record of any completed activities, including dates and names of midwives involved should the College request this information at a later date.

It is expected that all practising midwives will have completed full training, including in-person components by the October 1, 2022 renewal deadline, unless otherwise stated by the College.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (yyyy-mm-dd): \_\_\_\_\_



### 5C) College of Midwives of Ontario's Jurisprudence Course

Course completed on:	
Certificate of completion attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 5D) Vulnerable Sector Check

Please see the College's website [here](#) to ensure your vulnerable sector check meets all of the requirements of the College's Criminal Record Screening Policy.

Have you attached a Canadian Vulnerable Sector Check report conducted within the past six months?  Yes  No

### 5E) Eligibility to Engage in Employment in Canada

Are you a:

- Canadian Citizen
- Permanent Resident
- Have employment authorization under the Immigration and Refugee Protection Act (Canada)

Evidence of citizenship, permanent residency or employment authorization attached (see checklist):  Yes  No

### 5F) Professional Liability Insurance

Have you applied for professional liability insurance?  Yes  No

*If you are eligible for registration, the College will verify your professional liability insurance coverage.*

### 5G) Fees and Application Form Submission

The following fees are required in accordance with the Registration Regulation and the College's Fees and Remuneration By-law:

- 1) \$100 application fee
- 2) Prorated initial membership fee and the administrative fee – see the Fee Schedule on the College's website, available [here](#).

Applicants can submit their application form along with payment through one of two methods:

1. **CHEQUE AND MAIL.** The cheques and this form can be mailed to the College's offices at: **21 St. Clair Avenue East, Suite 303, Toronto, Ontario, M4T 1L9.** Cheques should be payable to: **College of Midwives of Ontario** and not combined with any other payment.





2. **ELECTRONIC SUBMISSION AND CREDIT CARD.** Below you can select that you prefer to pay by credit card. If you select this option prior to registration you will be contacted by the College to pay all fees by credit card. The form should be submitted through the College's secure deposit box on the College's website which can be found at the following link: <https://www.cmo.on.ca/applicants/application/applyinitial/>

Please indicate how you will be paying your fees:

- Cheque
- Credit Card

**Please note, registration is not possible until all fees have been received.**

## Section 6: Professional Registrations

Are you now, or have you ever been licensed/certified/registered to practise midwifery or any other regulated profession inside or outside of Canada?  Yes  No

Please list all regulatory or licensing bodies where you are or have ever been a member:  N/A  
**(A Letter of Standing is required from each organization listed.)**

1.

Organization Name:	Registration Number:
Province/State:	Country:
From: (DD/MM/YY)	To: (DD/MM/YY)

2.

Organization Name:	Registration Number:
Province/State:	Country:
From: (DD/MM/YY)	To: (DD/MM/YY)

3.

Organization Name:	Registration Number:
Province/State:	Country:
From: (DD/MM/YY)	To: (DD/MM/YY)

If you have more organizations to list, please attach a separate sheet.



## Section 7: Disclosure of Prior Proceedings and Findings

Questions in this section relate to all previous experience, including experience in another profession or proceedings that occurred outside of Ontario or outside of Canada. All questions must be answered “yes”, “no” or “N/A”. For every “yes” answer, you must provide a detailed explanation on the next page. If additional space is required, please attach an additional sheet of paper to the application.

1. While attending a post-secondary institution, have allegations of misconduct ever been made against you or have you ever been suspended, expelled or penalized by a post-secondary institution for misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have you ever been refused registration or licensure by a regulatory body or membership by a body that undertakes regulatory responsibility in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Have you ever had a finding of professional misconduct, incompetence or incapacity or any like finding made against you, in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Are you currently or have you been the subject of a complaint, investigation or other proceeding relating to professional misconduct, incompetence or incapacity in relation to midwifery or any other profession, in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. If you are registered or certified or licensed to practise midwifery or any other profession, do you have any terms, conditions, limitations or other restrictions on your registration, certificate or licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Have you ever had your registration, licensure or membership suspended, revoked, or terminated by a regulatory body or by a body that undertakes regulatory responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Has your conduct become or is your conduct the subject of any previous or pending coroner's inquest proceedings or verdicts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Have you ever been found guilty of an offence in Canada or in any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Have you been charged with a criminal offence or any other provincial or federal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Are you subject to any current conditions or restrictions relating to custody or release imposed by a court or other lawful authority (e.g. bail conditions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Have you had any findings of professional negligence or malpractice made against you by a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Have you ever settled a civil action (whether the action was actually commenced or potential) relating to your professional activities as a midwife?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Have you ever been the subject of a court judgment relating to your professional activities as a midwife?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. With respect to each hospital, birth centre and health facility where you had or have privileges, have you ever had your privileges restricted, suspended, revoked or otherwise terminated, whether voluntary or not?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



15. Have you ever been disciplined by an employer, or been a respondent in proceedings alleging a violation of the Human rights Code or similar legislation in any jurisdiction (e.g. sexual harassment, racial discrimination)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Is there any event, circumstance, condition or matter not disclosed above in respect of your character, conduct, competence or capacity that might affect your ability to practise midwifery in Ontario safely and effectively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If you answered "yes" to any of the questions above, provide details below or on a separate page. If you require guidance on what to provide, please contact the Registration Department at [admin@cmo.on.ca](mailto:admin@cmo.on.ca).

Notes/Explanation(s):

## Section 8: Authorization & Certification

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### 8A) Authorization

I understand that the College of Midwives of Ontario may need to make inquiries of others in order to assess whether I meet the requirements for a certificate of registration. I hereby authorize the College of Midwives of Ontario to make such inquiries and exchange information about me as it considers necessary in connection with this registration application, including with educational institutions, regulatory bodies, police services, midwifery practices or others.

Yes       No



## 8B) Certification of Application

I hereby certify that:

1. I am the person making this application for a certificate of registration from the College of Midwives of Ontario.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have read, understood and signed the application to which this certification is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. As an MEP graduate, I will make arrangements for my university to send my official transcript.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
4. I understand that, with the exception of Aboriginal midwives, according to the <i>Midwifery Act, 1991</i> , I am not permitted to use the title midwife, hold myself out as a person who is qualified to practise in Ontario as a midwife, or engage in the acts authorized to midwives in the <i>Midwifery Act, 1991</i> , unless I am currently registered with the College of Midwives of Ontario.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If the College of Midwives of Ontario grants me registration, I will comply with the legislation, regulations and standards of the College.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I hereby certify that the information contained in this application to which this certification is attached is true and complete to the best of my knowledge and belief.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I understand that if I make any false or misleading statement or representation in connection with this application, I will be deemed to not meet the registration requirements and any certificate issued to me will be deemed invalid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I will notify the College of Midwives of Ontario immediately if any information that I submitted as part of my application changes between the time I submitted the information and the time I am notified that I have been granted or refused registration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE:	
PRINT NAME:	
DATE:	

**Please print and sign this section and include the signed page when submitting your application.**

To avoid unnecessary delays in the College being able to process your application, please ensure all sections of the form have been completed and all required supporting documentation is submitted with the application form. An application is not considered complete until all required information has been received.



## Application Checklist (Keep This Page for Your Records)

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### ALL APPLICANTS

- I have made arrangements for Letters of Standing and Professional Conduct **to be sent directly to the College** from each regulatory or licensing body where I was previously or am currently registered.
- I have attached a current-coloured headshot with a plain background.
- I have attached a clear copy of official photo identification with my legal name (driver's licence, passport, photo health card, etc.).
- I have attached a clear copy of my proof of citizenship, residency or employment authorization.
- I have attached proof of my name change (if applicable).
- I have attached a copy of my current NRP certificate **or** have the signed declaration.
- I have attached a copy of my current CPR certificate **or** have the signed declaration.
- I have attached a copy of my current ES certificate **or** have the signed declaration.
- I have attached my original vulnerable sector screening report conducted within 6 months prior to submission date of my complete application.
- I have made arrangements for my Canadian Midwifery Registration Examination Score Report to be sent to the College as I wrote the examination outside of Ontario (if applicable).
- I have completed the College of Midwives of Ontario's Jurisprudence Course and have attached and saved a copy of my certificate of completion.

### FEES

- I have attached a cheque or money order for the \$100 application fee (payable immediately and not to be combined with any other payment).
  - I have attached a cheque or money order for the initial registration fee – see fee schedule on website.
  - I have attached a cheque for the jurisprudence course fee - \$300 (if not previously paid).
- OR**
- I have agreed to pay all fees by credit card.

### MEP APPLICANTS

- I will make arrangements for my university to send my original clinical experience record.
- I will make arrangements for my university to send my **official** transcript to the College when available.

### IMPP APPLICANTS

- I have attached a Conflict-of-Interest Declaration Form signed by my proposed supervisor.

### APPLICANTS FROM ANOTHER CANADIAN MIDWIFERY REGULATED JURISDICTION

- I have made arrangements with my regulatory body where I am registered to provide a *Letter of Standing and Professional Conduct* directly to the College

**Note: Complete applications can take up to 10 business days to process.**

Questions may be directed by email to [admin@cmo.on.ca](mailto:admin@cmo.on.ca) or by phone to 416-640-2252 ext. 204.