



SECTION 1: CONSENT FOR RELEASE OF INFORMATION

This section is to be completed by the applicant and sent to the regulatory authority to complete Section 2.

Applicant's Legal Full Name

Registration Number

**Applicant's Date of Birth
(DD/MM/YYYY)**

By signing, I authorize the regulatory authority below to provide the information in **Section 2** and any and all information in its possession to the College of Midwives of Ontario, the College, regarding my registration/licensure. This shall constitute your legal authority to provide any and all information which the College shall request which may, in any way, be relevant to my application.

Applicant's Signature

Date Signed (DD/MM/YYYY)

SECTION 2: REPORT ON REGULATORY HISTORY

This section is to be completed by the regulatory authority and returned directly to the College of Midwives of Ontario by [the College's Secure Dropbox](#) or by post at:

***Attn: The College of Midwives of Ontario
21 St. Clair Avenue East, Suit 303
Toronto, Ontario, Canada, M4T 1L9***

Forms submitted by applicants will not be accepted.

Name of Regulatory Authority

Records Include the Following Information Regarding the Registrant's Registration:

Name of Registrant

Registration Number

Date of Initial Registration

Category of Registration

Registered Midwife

Other _____



Current Registration Status	<input type="checkbox"/> Active/Current <input type="checkbox"/> Expired <i>Expiry Date</i> _____ <input type="checkbox"/> Other _____
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Does the registrant have any terms, conditions, limitations or other restrictions on their registration, certificate or licence?

Yes No

If yes, please provide details:

Registration Inquiry

1. Has the registrant ever been refused registration or licensure by your regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
2. Has the registrant ever had a finding of professional misconduct, incompetence or incapacity or any like finding made against them, in your jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
3. Has the registrant ever been the subject of a complaint, investigation or other proceeding by a regulatory body relating to professional misconduct, incompetence or incapacity in relation to midwifery or any other profession, in your jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
4. Is the registrant currently the subject of a complaint, investigation or other proceeding by a regulatory body relating to professional misconduct, incompetence or incapacity in relation to midwifery or any other profession, in your jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
5. Is the registrant the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
6. Has the registrant ever had their registration, licensure or membership suspended, revoked, or terminated by your regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
7. Has the registrant's conduct become or is their 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"/> Unknown/ N/A



8. Has the registrant ever had any findings of professional negligence or malpractice made against them by a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
9. Has the registrant ever been the subject of a court judgment relating to their professional activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A
10. Has the registrant 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"/> Unknown/ N/A
11. Is there any event, circumstance, condition or matter not disclosed above in respect of the registrant's character, conduct, competence or capacity that might affect their ability to practise midwifery safely and effectively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/ N/A

If any of the above are answered yes, please provide details:

SECTION 3: SIGNATURE OF REGISTRAR/DEPUTY REGISTRAR/ AUTHORIZED EMPLOYEE

<hr/> Signature		<hr/> Date Signed (DD/MM/YYYY)	
Name of Signatory and Title			
Signatory's Phone Number			
Signatory's Email Address			

This information is valid for 6 months from the date signed.

Regulatory Body Official Seal (please affix seal if available). Please print this form, if possible, as a true copy of your signature is preferable.