College of Midwives of Ontario | Ordre des sages-femmes de l'Ontario

Application for Admission

Orientation and Assessment Program

▶ Please read application instructions carefully, complete the form, and forward it to the College of Midwives of Ontario by email at **registration@cmo.on.ca**

A NAME AND MAILING ADDRESS

Legal Surname		Other/Previous Surname(s)	
First Name	Middle Name	Third Initial	
Apt.	Number	Street	
City or Town	Province	Postal Code	Country
Home Phone	Work Phone	Fax	
Mobile Number	Email Address		

B ELIGIBILITY REQUIREMENTS

To be eligible for the Orientation and Assessment Program, you must meet all of the following criteria:

1. Have the authorization to engage in employment in Canada:
(Please note that the authorization to work in Canada is also a requirement for (1) registration at the College and (2) to maintain your certificate of registration. You will be asked to provide valid proof at that time)

- ◯ Canadian Citizen
- ◯ Permanent Resident
- ◯ Authorization under the *Immigration and Refugee Protection Act (Canada)*

2. Have completed a midwifery education program outside of Canada?
(Please provide a credential assessment report from an acceptable credential evaluation service)

◯ Yes ◯ No (If answered no, you are not eligible for admission in the O and A Program.)

Credential(s) Obtained:

Name of Institution(s):

Date(s) Completed:

3. Have practiced midwifery in the past 6 years as a midwife after completing a midwifery education program

◯ Yes ◯ No (If answered no, you are not eligible for admission in the O and A Program.)

4. Have attended a minimum of 100 births as the primary midwife. Note: 60 primary care births which were part of your midwifery education may be counted towards the 100 required births.

◯ Yes ◯ No (If answered no, you are not eligible for admission in the O and A Program.)

Please provide contact details of supervisor(s) who can confirm your midwifery practice numbers and currency (questions 3 and 4)	
Name:	
Address:	
Description of Role:	
Email Address:	Phone:
Name:	
Address:	
Description of Role:	
Email Address:	Phone:

C DECLARATION

Please note that your application will not be processed unless the box below has been checked and dated.

☐ I DECLARE THAT all of the information provided by me in this application (or any supporting application documents) is correct, accurate, and complete to the best of my knowledge.

☐ I understand that the falsification, misrepresentation or omission of any information will cause for refusal of this application.

☐ I have read and understood the application instructions and information. I acknowledge the program structure and the fees associated with the program.

☐ I understand that successful completion of the Orientation and Assessment Pilot Program does not guarantee registration with the College. Once I complete the Orientation and Assessment Pilot Program, I will be required to apply to the College of Midwives of Ontario for a certificate of qualifications and meet the registration requirements at that time.

☐ I authorize the College of Midwives of Ontario to contact the above named-individuals on my behalf to confirm the information provided in this application. I also authorize the College of Midwives of Ontario to make the necessary inquiries with the appropriate authorities, regulatory bodies, educational institutions, credential assessment services for the purpose of processing my application. I understand that by doing so, the College of Midwives of Ontario may be required to exchange my personal information with these third parties.

Date:

Note to all applicants:
All communication between the applicant and the College of Midwives of Ontario will be conducted via email through registration@cmo.on.ca Please do not deliver application forms in person or by postal mail to College of Midwives of Ontario.