



Please review the [Registration Application Handbook](#) before completing this form.

Section 1: Personal & Contact Information

Legal First Name:

Legal Middle Name:

Legal Last Name:

Preferred/Common Name:
(if applicable)

Date of Birth: (DD/MM/YY)

Gender: Male Female Other

Photo: I have attached a current headshot with a plain background.

Have you ever been known by any other name(s)? Yes No

If yes, complete section below (proof of name change required e.g., marriage certificate, Ontario change of name certificate or divorce certificate).

1. Previous Legal Name:

Last: Middle: First:

Name used – From: (DD/MM/YY) To: (DD/MM/YY)

2. Previous Legal Name:

Last: Middle: First:

Name used – From: (DD/MM/YY) To: (DD/MM/YY)

Address: (This address must be able to receive correspondence)

City/Town: 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 registration@cmo.on.ca.



Section 2: Application Category

Route of Entry

Ontario Midwifery Education Program (MEP) Graduate

Internationally Educated

Registered in other regulated Canadian midwifery jurisdiction. Province:

Former registrant

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 Experience Requirements

3A) Ontario Midwifery Education Program Graduates

Name of institution where you completed your midwifery education program.

Toronto Metropolitan

Laurentian

McMaster

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 and eligibility to graduate.

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)



Previous Midwifery Experience Information

Place of practice (e.g., midwifery practice group, clinic, hospital, community):

Role:

Country:

From: (DD/MM/YY)

To: (DD/MM/YY)

Date you last clinically practised midwifery:

During your career, how many births have you attended as the most responsible attendant:

When working as a midwife, did you provide prenatal, intrapartum, and postpartum care to clients and newborns?

Have you completed the International Midwifery Pre-Registration Program (IMPP)?

Yes

No

Date of completion: (DD/MM/YY)

Final IMPP reports were provided directly to the College by the IMPP.

Have you completed the College's Orientation and Assessment (O&A) Pilot Program?

Yes

No

Date of completion (DD/MM/YY)

Please note that applicants in this category may be initially registered in the supervised practice class and require an approved supervisor in order to meet the clinical experience requirements for a general certificate of registration.

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 registrant of the College of Midwives of Ontario?

Yes

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 Registrants Not Currently Registered in Another Canadian Jurisdiction

Are you reapplying within five years of resigning from the College?

Yes

No

Date of resignation:

Previous College of Midwives of Ontario registration number:

Have you been practising midwifery in another jurisdiction?

Yes

No

If yes, where have you been practising?

Date you last clinically practised midwifery:

When working as a midwife, did you provide prenatal, intrapartum, and postpartum care to clients and newborns:

Yes

No

A Letter of Professional Standing issued by the jurisdiction from which you are or were working is required.

Section 4: Other Education Information

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:

n/a

Country:

Province/State:

2. Name of Institution:

Program of Study:

Level Completed:

Graduation Date:

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:

How many times have you written the CMRE?

If you have not yet written the CMRE, please indicate the date and province where you will write the CMRE.

Date: (DD/MM/YY)

Province:

Supporting Documentation

If you have completed the CMRE outside of Ontario, a score report must be sent directly to the College from the Canadian Midwifery Regulators Council (CMRC) 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) and provide evidence. [Click here](#) for the College's Continuing Competency Requirements and Approved Courses.

Current NRP, CPR and ES

Neonatal Resuscitation (NRP)

Provider Name:

Current training completed on:

Current certificate attached:

Yes

No

Cardiopulmonary Resuscitation (CPR)

Provider Name:

Current training completed on:

Current certificate attached:

Yes

No

Emergency Skills (ES)

Provider Name:

Current training completed on:

Current certificate attached:

Yes

No



5C) Language Proficiency

I demonstrate the ability to communicate with reasonable fluency in either English or French in accordance with the College's language proficiency requirements outlined [here](#):

Yes No

5D) College of Midwives of Ontario's Jurisprudence Course

Course completed on:

Certificate of completion attached: Yes No

5E) 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

5F) 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

5G) 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.

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? (E.g., teacher, lawyer, engineer, other health care provider or midwife in Canada or another country)

Yes No

Please list all regulatory or licensing bodies where you are or have ever been a member:

A Letter of Standing is required from each organization listed. n/a

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" or "no".

For every "yes" answer, you must provide a detailed explanation at the bottom of the form. If additional space is required, please attach an additional sheet of paper to the application. If you require guidance on what to provide, please contact the Registration Department at registration@cmo.on.ca.

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?	Yes	No
2. Have you ever had a finding of professional misconduct, incompetence, or incapacity or any like finding made against you, in any jurisdiction?	Yes	No
3. 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?	Yes	No
4. 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?	Yes	No
5. Have you ever been refused registration or licensure by a regulatory body or membership by a body that undertakes regulatory responsibility?	Yes	No
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?	Yes	No
7. Has your conduct become or is your conduct the subject of any previous or pending coroner's inquest proceedings or verdicts?	Yes	No
8. Have you ever been found guilty of an offence in Canada or in any other jurisdiction?	Yes	No
9. Have you been charged with a criminal offence or any other provincial or federal offence?	Yes	No
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)?	Yes	No



11. Have you had any findings of professional negligence or malpractice made against you by a court?	Yes	No
12. Have you ever settled a civil action (whether the action was actually commenced or potential) relating to your professional activities as a midwife?	Yes	No
13. Have you ever been the subject of a court judgment relating to your professional activities as a midwife?	Yes	No
14. With respect to each hospital, birth centre and health facility in Ontario where you had or have privileges, have you ever had your privileges restricted, suspended, revoked, or otherwise terminated, whether voluntary or not?	Yes	No
15. Have you 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)?	Yes	No
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?	Yes	No

Section 8: Fees & Application Submission

The following fees are required for issuance of a certificate of registration in accordance with the Registration Regulation and the College's Fees and Remuneration By-law:

- 1) \$100 application fee
- 2) \$150 jurisprudence course fee (if not already paid)
- 3) 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 and supporting documentation along with payment through one of two methods:

1. **ELECTRONIC SUBMISSION AND CREDIT CARD.** 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. This application form and supporting documentation should be submitted through the College's secure deposit box on the College's website which can be found at the following link: <https://cmo.on.ca/midwives/apply-for-registration/submit-application-for-registration/>
2. **CHEQUE AND MAIL.** The cheques, this application form and supporting documentation 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.

Indicate how you will be paying your fees:

Credit Card

Cheque

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



Section 9: Authorization & Certification

9A) 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

9B) 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.	Yes	No
2. I have read, understood, and signed the application to which this certification is attached.	Yes	No
3. As an MEP graduate, I will make arrangements for my university to send my official transcript.	Yes	No
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.	Yes	No
5. If the College of Midwives of Ontario grants me registration, I will comply with the legislation, regulations, and standards of the College.	Yes	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.	Yes	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.	Yes	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.	Yes	No

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

SIGNATURE:

PRINT NAME:

DATE:

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.



Notes



Application Checklist (Keep This Page for Your Records)

ALL APPLICANTS

I have made arrangements for Letters of Standing 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 clear copy of official current photo identification (driver's licence, passport, photo health card, etc.).

I have attached a current-coloured headshot with a plain background.

I have attached a clear copy of my proof of citizenship, residency, or employment authorization.

I have attached proof of my legal name change (if applicable).

I have attached a copy of my current NRP certificate.

I have attached a copy of my current CPR certificate.

I have attached a copy of my current ES certificate.

I have attached my original vulnerable sector screening report conducted within 6 months prior to submission date of my complete application.

(If applicable) 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.

I have completed the College of Midwives of Ontario's Jurisprudence Course and have attached and saved a copy of my certificate of completion.

MEP APPLICANTS (in addition to the above)

I have arranged for the MEP to send my original Record of Clinical Experience document directly to the College.

I will make arrangements for my university to send my official transcript with "degree conferred" to the College as soon as it is available.

APPLICANTS FROM ANOTHER CANADIAN MIDWIFERY REGULATED JURISDICTION

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

FEES – ALL APPLICANTS

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 - \$150 (if not previously paid) **OR**

I have agreed to pay all fees by credit card.

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

Questions may be directed by email to registration@cmo.on.ca or by phone to 416-640-2252.