

Application for Certificate of Registration Class Change from GENERAL to INACTIVE

As a General class member of the College of Midwives of Ontario, I submit this application to change my registration certificate class to INACTIVE as of the date provided below.

Please allow a *minimum* of 10 business days to process your request. For further information, and to ensure there are no significant delays in the processing of your application, please read the Changing Class of Registration Overview information, available on the College website.

First Name:	Last Name:	The College Registration #
Requested Date of Change (Changes cannot be retroactive): (dd/mm/yy)		
Note: The College will confirm the	e effective date of the change following	processing.
Eligibility		
\square I confirm I am a holder of a G	eneral certificate of registration.	
\square I confirm I am not in default of	any fees, penalty or other amount owing	to the College.
\square I confirm I am not in default of	providing any required information to the	e College.
<u>Declaration</u>		
Should I be issued an Inactive	certificate of registration:	
midwifery in Ontario consists of		
	aken which could result in the comme	aging in the practice of midwifery while ncement of a registrar's investigation o
	renew my registration annually with the stration, and to remain a member of the	
in Ontario, and at that time meet clinical experience and active p	to change my class back to General be the requirements for a General certific practice, fees, professional liability insu ion of the College's Jurisprudence Cou	ate of registration, including current irance, current proofs of NRP, CPR,
experience and active practice further understand that a review a requalification program if the	eapplication – Inactive to General will be in accordance with the <u>Registration Re</u> or by a Panel of the Registration Comm e current clinical experience require egistration Regulation, are not met.	egulation and any College policies. I ittee may be required to determine

or



Please indicate the reason you are requesting to move to the inactive class:

O Temporarily not practising O Pe	rmanently r	not practising			
□Health related □Pursuing further €	ducation	□Parental leave	□Unable to find work as a midwife		
□Unable to obtain hospital privileges					
☐Moving out of province:					
 □ returning to home province/country to practise midwifery □ moving to another province or country to practise midwifery □ moving to another province/country-no intention to practise as a midwife in that province/country 					
□Working in another capacity:					
 □ working in another field □ midwifery related work (research/education/administration/other) □ non-midwifery related work in field of health care 					
□ Other – please specify below:					
Applicant Name:	Signature	9 :	Date: (dd/mm/yy)		
For College Use Only			Effective Data (dd/marka)		
Approved by the College:			Effective Date (dd/mm/yy):		