

Appendix A

2024 Annual Election Nomination Form

This nomination form is to be used to nominate a candidate for election to the Council of the College of Midwives of Ontario (College). Nominations must be supported by at least two members of the College and who are eligible to vote.

All nominators must meet the following criteria

- Hold a certificate of registration other than a certificate in the Transitional class
- Principal place of practice or residence is in Ontario
- Is not in default of any fees or other amounts owed to the College
- Is not in default in returning any required form or information to the College

Nominee Information:

Name:

Registration #:

Nominator #1

Name:

Registration #:

Nominator #2

Name:

Registration #:

2024 Annual Election Candidate Form

Members who are nominated as a candidate for election to the Council of the College of Midwives of Ontario, must complete and return this form along with the Nomination Form **no later than 5:00p.m. on May 1, 2024**

Nominee's Name:

Registration #:

Confirmation of Eligibility

I, hereby confirm the following (check all boxes that apply to you):

I hold a certificate of registration other than a certificate in the Transitional class.

I am not in default of payment of any fees prescribed in the College bylaws.

I am not the subject of any disciplinary or incapacity proceeding in any jurisdiction.

I have not been the subject of any professional misconduct, incompetence or incapacity finding, in any jurisdiction.

My certificate of registration has not been revoked or suspended in any jurisdiction for any reason other than non-payment of fees.

I do not have a notation on the register of a finding of professional negligence or malpractice against me.

I do not have a notation on the register of a criminal charge or finding of guilt or a charge or finding of guilt under the *Health Insurance Act* or the *Controlled Drugs and Substances Act*.

I do not have a notation on the register of a charge or finding of guilt to any provincial or federal offence.

I am not subject to any revocations, suspensions or restriction of privileges with a hospital, birth centre or health facility in Ontario reported to the College under section 85.5 of the Code.

My certificate of registration is not subject to a term, condition or limitation imposed by either the Discipline Committee or the Fitness to Practise Committee.

I do not have a notation on the register of an undertaking provided to the College in relation to a matter involving my professional conduct or incapacity.

I am not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee.

I do not have a notation on the register of having been ordered to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned in the preceding three years.

I do not have a notation on the register of having been ordered to complete a specified continuing education or remediation program required by a panel of the Inquiries, Complaints and Reports Committee in the preceding three years.

I have not been a director, Board member, officer or an employee of a Professional Association related to midwifery in the preceding 12 months.

I have not been director, owner, or board member of an educational institution relating to midwifery in the preceding 12 months.

I have not been disqualified from a College Council in the preceding three years.

I am not a member of a council of any other college regulated under the RHPA.

I have not been an employee of the College during the previous two years.

I am not in default of returning any required form or information required under the Regulations or the by-laws of the College.

I principally practice or principally reside in Ontario.

I have successfully completed the College's Governance Education Modules training program related to the duties, obligations and expectations of Council and Committee members.

Diversity & Accommodation Considerations

I identify as a person belonging to one of the key populations listed in the nomination call out (Indigenous, Black, racialized/marginalized, rural practice, internationally educated, french-speaking, practising in expanded, collaborative and/or community health team models.)

I am an individual who requires accommodation to participate in the election process or upon election to Council.

Signature:

Date:

Please return the forms (4 pages) to the Registrar of the College of Midwives of Ontario by email: cmo@cmo.on.ca.

All forms must be received no later than 5:00p.m., May 1, 2024.

Appendix B

All Council members are expected to act impartially in carrying out their responsibilities. As a candidate to the Council of the College of Midwives of Ontario (College), you are required to disclose your interests which conflict, could conflict or may reasonably be seen to conflict with your responsibilities as a member on the College's Council.

Pursuant to the College's General By-law (s. 8.02), a member of Council would be perceived to have a conflict of interest if a reasonable person, knowing the relevant facts, would believe that the Council member's position or relationship with another organization, or the Council member's personal interests, whether financial or otherwise, would be sufficient to influence the objective discharge of the Council member's official duties.

Name of Candidate: _____

Candidate Declaration

I have no conflicts of interest to declare at this time.

I have interests to declare which may actually, potentially or be perceived to conflict with my responsibilities as a Council member. If you are not sure, please explain.

Attach additional sheets if you need more space:

I, _____, declare that the information provided on this Form is a complete and accurate statement of any actual, potential or reasonably perceived conflict(s) of interest affecting me as a candidate for the College's Council of which I am aware at this time.

Candidate's Signature: _____

Date: _____