

<p style="text-align: center;">Application for Emergency Registration</p>
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IMPORTANT INSTRUCTIONS

1. Provide all information requested in the application. Attach extra pages if insufficient space is provided on the form. Please ensure any extra pages are clearly labelled with your name.
2. Sections where supporting documentation is required are highlighted. Submit all required documentation to support your application.
3. You must provide a criminal record check, adult abuse registry check and child abuse registry check obtained within the last 5 years. If you do not hold a valid check in these areas, instructions on how to complete a these checks will be provided to you upon receipt of your application.
4. You must have employment with a regional health authority (or alternate proof of professional liability insurance coverage) in place at the time of registration.

NOTE: In according with Section 12.1 of the Midwifery Act, Emergency (temporary) registration is solely for the purpose of providing assistance during an emergency situation. Emergency registration during the COVID-19 pandemic may be granted for a period of up to 120 days and renewed for one or more additional periods of 30 days if the emergency situation continues to be in effect.

Application for Emergency Registration

General Information

Personal Information

Last Name: _____ Date of Birth: ____/____/____
DD / MM / YY

Given Names: _____ Gender: _____

E-Mail Address: _____

Telephone: (primary) _____ (other) _____

Address: _____
Street Name City/Town Province Postal Code

Mailing Address: _____
 (if different than above) # Street Name City/Town Province Postal Code

Please enclose a copy of an official photo ID (e.g. passport, driver's license, citizenship card, etc.) with your application.

Copy of photo ID enclosed

Have you ever been known by any other name?

No, proceed to Employment Eligibility

Yes, complete section below

Previous Name(s):

Last Name First Name Middle Name

When did you use this name?

from to

Employment Eligibility

(a) Are you a Canadian citizen? *If No, complete (b).* Yes No

(b) Do you hold permanent resident status under the Immigration Act (Canada)? *If No to (a) and (b), complete (c)* Yes No

(c) Are you authorised under the Immigration Act (Canada) to engage in employment in Canada? Yes No

Employment/Liability Insurance

Have you been offered a position as a midwife by a regional health authority? ____ Yes ____ No

If "Yes"

Include a copy of your *Letter of Offer*

If "No"

Include plan for obtaining liability insurance.

Professional Affiliations

(a) Are you now or have you ever been registered/licensed/certified as a midwife in any other jurisdiction (province, country)? Yes No

If "YES", please request a letter of professional conduct be sent directly from that regulatory body to the CMM

Name of Professional Body _____ Registration Number _____

Name of Professional Body _____ Registration Number _____

Midwifery Education

Include initial training and subsequent related education, upgrading or bridging

Name of Program/Institution	Location	Dates attended	Degree, Diploma or Certificate Granted
_____	_____	_____	_____
_____	_____	_____	_____

Competency Requirements

NRP (with intubation):
Date completed: _____

Emergency Skills:
Date completed: _____

Cardiopulmonary Resuscitation:
Date completed: _____

Fetal Health Surveillance:
Date completed: _____

Copies of CPR, NRP, Emergency Skills and Fetal Health Surveillance training enclosed

Criminal, Adult and Child Abuse Record Check

As per Section 3(1) of the *Midwifery Regulation* all applicants must submit a valid (within the past 5 years) Criminal Record Check, Child Abuse Registry Check and Adult Abuse Registry Check.

- Arrange for a valid Criminal Record Check to be forwarded to the CMM.
- Arrange for a valid Child Abuse Registry Check to be forwarded to the CMM.
- Arrange for a valid Adult Abuse Registry Check to be forwarded to the CMM.

Additional Skills

Certain skills which are part of midwifery practice may not be part of every applicant's midwifery education or experience. Please indicate which of the following skills are currently part of your practice. **Additional evidence may be required**

- Placement of fetal scalp electrode
- Epidural maintenance
- Pharmacological augmentation/induction maintenance
- Insertion of Intrauterine Contraceptive System/Device
- Suturing of third degree lacerations

PART 9: PROFESSIONAL PROCEEDINGS

Every applicant must disclose the following information about their practice of midwifery or of any other regulated profession, whether in Manitoba or in another jurisdiction. Information provided in this section will be evaluated on a case-by-case basis. (You may be asked to provide more information later). Failure to disclose any information of any previous, present, or pending matters may result in your application being rejected, or revocation of your certificate to practise.

Do any of the following situations or circumstances apply to you?

- i) Yes No a finding by a professional regulatory body¹ of professional misconduct, incompetence or an incapacity or lack of fitness to practise;
- ii) Yes No a censure, reprimand or imposition of conditions or educational requirements as a result of finding by a professional regulatory body;
- iii) Yes No suspension or cancellation of your registration or licence to practise midwifery or another regulated profession as a result of finding by a professional regulatory body;
- iv) Yes No a current investigation or proceeding by a professional regulatory body in relation to professional misconduct, incompetence or an incapacity or lack of fitness to practise;
- v) Yes No a denial of registration by a professional regulatory body;
- vi) Yes No a current or past restriction on, or suspension or termination of, your ability to practise midwifery or another regulated profession;
- vii) Yes No a termination for cause of employment or engagement as a member of the professional staff by a regional health authority or hospital;
- viii) Yes No a withdrawal of any of your privileges by a regional health authority or hospital;
- ix) Yes No a voluntary surrender of a license or registration as a result of an agreement with a professional regulatory body;
- x) Yes No a mediated settlement of a complaint;
- xi) Yes No an inquiry, investigation or inquest initiated under *The Fatality Inquiries Act* or similar legislation in any jurisdiction;
- xii) Yes No are you subject of a claim, have you settled a claim or have you had a judgment made against you in relation to a civil claim in Canada or elsewhere respecting your professional practice or professional activities;
- xiii) Yes No have you entered a guilty plea to, or have a conviction for, or have outstanding charges for a criminal offence or an offence under any narcotic or controlled substances legislation in any jurisdiction;

If you checked Yes to any of the above, list on a separate piece of paper all incidents that relate to the relevant disclosure requirement. Include the nature of complaint or incident, the date of the incident, names and addresses of institutions, agencies or professional organisations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable, include a comprehensive summary addressing the ways in which any deficits in ethics, clinical practice or preparation revealed by the matters disclosed have been remedied.

¹ "Regulatory authority" means a regulatory college, professional association or governmental body that regulates a profession.

AUTHORIZATION

I hereby authorize the College of Midwives of Manitoba to make such inquiries about me or the services I have provided as it considers appropriate in connection with this application for registration as a midwife under the *Midwifery Act* made by me.

I authorize any of my clients, employers, associates or any other person or organization the College may approach to release information about me or the services I have provided, and I agree that any communication between the College and other persons pertaining to this application shall be privileged and I waive any right of disclosure to me of such confidential information.

I further authorize the College to disclose information about me or the services I have provided to other regulatory authorities, hospitals, regional health authorities and other institutions to which I may apply for registration, employment or appointment.

I understand that several agencies in Manitoba will also require information about me during my registration process and after I am registered. I therefore further authorize the College to disclose my registration information to those agencies. These agencies include, but are not limited to, Regional Health Authorities, Ministry of Health, Vital Statistics, Emergency Medical Services and Manitoba laboratory services.

I understand that any information provided by me or any other person or organization in this application may be used by the College to assess my eligibility for registration.

I further understand that any false or misleading statement or representation made by me in this Application may disqualify me from registration or may be cause for revocation of any registration which is granted to me.

Applicant's Full Name (please print)

Signature of Applicant

DATED: _____
 Day Month Year

Membership Agreement

As a member of the College of Midwives of Manitoba you have a commitment to:

- ◆ Provide midwifery care as defined by the *Midwifery Act*;
- ◆ Be familiar with, and practise according to, College regulations, standards, policies and guidelines;
- ◆ Submit applicable registration fees when due;
- ◆ Participate in any proceeding conducted by the College;
- ◆ Keep the College informed of any changes in your status as it relates to registration requirements, employment status*, mailing address, office address, e-mail, etc.;
- ◆ Abide by continuing education requirements of the College;
- ◆ Abide by quality assurance requirements of the College; and
- ◆ Engage in deliberation of issues by College Council, committees, and staff.

(* You must immediately inform the College of the date of work stoppage when your employment with a regional health authority is terminated (temporarily or permanently), suspended, or interrupted e.g. maternity leave, leave of absence) or your liability insurance is cancelled.)

You are entitled to:

- ◆ Use the College reference centre;
- ◆ Enter as a nominee for election as a member of the Council of the College or other committees;
- ◆ Participate as an appointed member to statutory committees.

I have read the above and hereby affirm that the information I have provided is correct. I hereby affirm my commitment to practise and abide in accordance with the standards of the College of Midwives of Manitoba. I understand that my application for registration will be presented to the Board of Assessors of the College of Midwives of Manitoba for consideration.

Date

Signature