

**Request Form for  
Change of Registration Status**

**Emergency Registration from Non-Practicing**

Name:		Registration #:
Home Address:		Phone #:
Email:		
Work Address:		Phone #:
Email:		

I intend to return to practice effective the date below and would like to renew my registration as a practising midwife:

\_\_\_\_\_

Day month year

***The CMM will endeavor to process all applications for emergency registration within 48 hours.***

I have enclosed the following:

- A copy of my current (renewed within the last 36 months) adult and infant CPR certification
- A copy of my current (renewed within the last 36 months) NRP certification
- A copy of my current (renewed within the last 36 months) Emergency Skills Course
- A copy of my current (renewed within the last 36 month) Fetal Health Surveillance Course
- Proof of employment as a midwife or proof of liability insurance

Confirmation of currency of practice:

- I confirm that I have submitted my currency of practice reporting form (either 2-year or 5-year) to the CMM.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature