

APPLICATION FOR REGISTRATION AS A MIDWIFE

Title (Ms./Mrs./Dr)	Surname	First Name or Initial(s)	Middle Name or Initial(s)
CURRENT MAILING ADDRESS :			
(Street/R.R./P.O Box)		(City/Town)	(Province) (Country)
(Postal Code)	(Business Phone Number)	(Alternate Phone Number)	(Fax)
(E-Mail)			
By Which Name Do You Wish Documents To Be Addressed?			

NAME OF MIDWIFERY PRACTICE WHERE YOU PLAN TO SPEND YOUR NEW REGISTRANT'S YEAR; (SEE FIRST YEAR REQUIREMENTS and SUPERVISION DOCUMENTS) :			
Please Provide Contact Information to be Available to the Public On the Midwifery Register:			
Name:			
(Street/R.R./P.O Box)	(City/Town)	(Province)	(Postal Code)
(if no address is provided here, your MAILING ADDRESS will be publicly accessible)			
Period of Registration:	Date Issued:	Valid until December 31 _____	
Registration Issued:	_____ GENERAL	_____ TEMPORARY	_____ RESTRICTED
Registration No. R	Registration Fee:		

1. Documentation Required (for ACTIVE registration)

		Office Use Only	
Proof of Current CPR Certification	Date Issued: _____	Proof Provided?	Yes No
Proof of Current Neonatal Resuscitation Certification	Date Issued: _____	Proof Provided?	Yes No
Proof of Current Emergency Skills Workshop Certification	Date Issued: _____	Proof Provided?	Yes No
Proof of Current Fetal Health Surveillance	Date of Issues: _____	Proof Provided?	Yes No
Proof of Current Vulnerable Sector Police Check	Date of Certificate: _____	Proof Provided?	Yes No

2. Practice Requirements

Please provide your numbers for any past registered practice in the boxes below:

(A) Registration Years (indicate student(s)/restricted(r) /general(g))	(B) Total Number of Births Attended as a Midwife	...Of the Total Births		...Of the Births as Principal Midwife (E+F=D)	
		(C) Involved Continuity of Care	(D) Number as Principal Midwife	(E) Number in Appropriate Out of Hospital Setting	(F) Number in Hospital
TOTAL FOR PAST 2 YEARS					
TOTAL FOR PAST 5 YEARS					
Past Two Year (required #s)	10	10	10		
Total Past Five Years (req'd#s)	60	30	40	10	10



Personal / Professional Conduct Declarations

The following questions are to be answered "Yes" or "No". If you answer "Yes" to any question, you must provide details by attaching an additional page(s) to this declaration. Please use the question number as a reference in your notes.

a. **In Alberta or any other jurisdiction, in relation to midwifery or to any other profession, are you or your care the subject of, or have you or your care ever been the subject of:**

(i) finding of professional misconduct, incompetence or incapacity, by a regulatory body or by a professional association undertaking self-regulating responsibility? Yes No

(ii) current proceeding in relation to professional misconduct, incompetence, or incapacity, by a regulatory body or by a professional association undertaking self-regulating responsibility? Yes No

(iii) any previous, present or pending suspension or revocation involving professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility? Yes No

(iv) any previous, present or pending attachment of conditions or limitations on your professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility?
 Yes No

(v) any previous, present or pending inquest proceedings or verdicts? Yes No

(vi) any previous, present or pending professional liability insurance claims or settlements?
 Yes No

(vii) any previous, present or pending settlements or judgments in any civil law suits? Yes No

b. **In Alberta or in any other jurisdiction, have you ever been found guilty of:**

(viii) a criminal offense or any other offense relevant to your suitability to practice midwifery? Yes No

(ix) an offense under the Narcotic Control Act (Canada) or the Food and Drugs Act (Canada) or similar Acts in another jurisdiction? Yes No

c. **Have you ever been refused registration or licensure by a licensing body or membership by a professional association that undertakes self-regulatory responsibility in Alberta or in any other jurisdiction in relation to midwifery or any other profession?** Yes No

d. **Do you have any illness or disability which could affect your ability to practice midwifery competently?**
 Yes No

e. **Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct?** Yes No

IN ORDER TO BE REGISTERED AS A MIDWIFE IN ALBERTA, YOU MUST HAVE COMPLETED ONE OF THE FOLLOWING: PLEASE INDICATE WHICH APPLIES:

- 1) **GRADUATED FROM AN APPROVED CANADIAN MIDWIFERY PROGRAM (PROVIDE PROOF OF GRADUATION AND CMRE RESULTS)**
- 2) **APPLYING ACCORDING TO THE RECIPROCITY AGREEMENT; (REQUIRES LETTER OF GOOD STANDING FROM CURRENT JURISDICTION) OR**
- 3) **COMPLETED THE APPLICATION FOR ASSESSMENT PROCESS (PLEA) AND BEEN APPROVED FOR REGISTRATION.**

<p>Amount Enclosed</p> <p style="font-size: 2em;">\$</p>	<p>Full or Restricted Registration Annual fees: \$2700 January – December</p> <p>Registration for partial years starting: APRIL: \$2100.00 JULY: \$1400.00 OCTOBER: \$700</p> <p>Fees must be paid by cheque, money order or email transfer in Canadian funds - payable to College of Midwives of Alberta. admin@albertamidwives.org</p>
<p>The registration must be completed in its entirety and signed. Otherwise, it may be returned and may delay registration.</p> <p>I confirm that all the information I have provided in this application is true and correct.</p>	
<p>_____</p> <p>REGISTRANT'S SIGNATURE (do not print)</p>	<p>_____</p> <p>DATE</p>

Forward Completed Registration Form to:
College of Midwives of Alberta
119E 1144 – 29th Ave NE
Calgary, Alberta, T2E 7P1
Phone: (403) 474-3999 Fax: (403) 474-3990
info@albertamidwives.org

OFFICE USE ONLY	
DATE VERIFIED:	ENTERED BY:

