

# Application for Reinstatement of Midwife Registration

## IMPORTANT INSTRUCTIONS

- 1. Provide all information requested in the application:** Attach extra pages if insufficient space is provided on the forms. Please ensure any extra pages are clearly labelled with your name and the question number to which the information pertains, and are numbered in sequence.
- 2. Identification:** Please submit a notarized name change document or marriage certificate if you have changed your name since you last held registration with BCCNM.
- 3. Supporting documentation:** Sections where supporting documentation is required are indicated. Submit all required documentation to support your application. If any of your official documentation is in a language other than English, you must also provide a notarized translation from the Society of Translators and Interpreters of BC.
- 4. Criminal record check:** You will be asked to consent to a criminal record check if it has been over five years since your last result or if your registration has lapsed.
- 5. Professional liability insurance:** You must have professional liability insurance coverage in place before reinstating your practising midwife registration. This can be obtained by contacting the [Midwives Association of BC \(MABC\)](#).
- 6. Opioids and Benzodiazepines: Safe Prescribing for Midwives Course:** Submit proof of completion of this course to BCCNM only if you have not already done so.
- 7. Competency requirements:** Applicants for reinstatement of practising midwife registration must submit proof of completion or certification in Cardiopulmonary Resuscitation (CPR), Emergency Skills (ES), Fetal Health Surveillance (FHS), and Neonatal Resuscitation (NRP). The approved courses and requirements are available on the [BCCNM website](#). If you are applying for reinstatement within 60 days of your practising registration lapsing, you will be asked to attest to holding valid certificates.
- 8. Letters of standing:** If you have been granted professional registration with another regulatory body since you last held registration with BCCNM, you will need to request that the regulatory bodies send letters of standing directly to BCCNM.
- 9. New Registrant Mentorship Agreement:** If you were subject to the [Policy on New Registrant Requirements](#) and did not work in an established practice with a mentor for six months and provided care as a principle midwife for at least 20 clients and their newborns, you will need to submit an updated [New Registrant Mentorship Agreement](#).
- 10. Declaration of Currency and Competency:** Applicants for reinstatement of practising midwife registration must complete [Form 131 Quality Assurance Declaration of Currency and Competency](#) and submit it with this application.

## QUESTIONS

If you have questions about how to complete this form or the requirements for midwife registration, please contact BCCNM Registration Services at 604.742.6200 or [registermidwives@bccnm.ca](mailto:registermidwives@bccnm.ca).

## PART A — Personal information

### A. Identification

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

BCCNM ID: \_\_\_\_\_

Registration status:  Former practising midwife  Current non-practising midwife  Former non-practising midwife

### B. Former Names

Have you ever been known by any other names?  Yes  No If yes, please complete below:

Previous name(s): \_\_\_\_\_

**Supporting documentation required:** You must submit proof of a name change (e.g. notarized copy of a marriage certificate) if any of your documentation is in a different name than the one you are using now.

### C. Registration Class

I am requesting a reinstatement start date of (mm/dd/yy) \_\_\_\_\_ in the following class of registration:

Practising midwife  Non-practising midwife

### D. Practice Information

Practice name: \_\_\_\_\_

Practice address (Apt/Box/#/Street): \_\_\_\_\_ City/town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code/zip code: \_\_\_\_\_

## PART B — Registration in other provinces and/or countries

Have you been granted registration with another regulatory body since you last held registration with BCCNM?

Yes  No If **Yes**, please list them below:

Name of registering body: \_\_\_\_\_

Province/state and country where registered: \_\_\_\_\_

Date of registration (mm/dd/yy): \_\_\_\_\_ to: \_\_\_\_\_

Type of registration granted: \_\_\_\_\_

Name of registering body: \_\_\_\_\_

Province/state and country where registered: \_\_\_\_\_

Date of registration (mm/dd/yy): \_\_\_\_\_ to: \_\_\_\_\_

Type of registration granted: \_\_\_\_\_

**Supporting documentation required:** You must request letters of standing or verification of registration from any regulatory bodies indicated above and have them sent directly to BCCNM.

If you were subject to the *Policy on New Registrant Requirements* prior to leaving practice, have you received confirmation from the college that you had met the requirement and worked in an established practice with a mentor for six months and provided care as a principle midwife for at least 20 clients and their newborns?

Yes  No  N/A

**Supporting documentation required:** If you are reinstating your practising registration and did not receive confirmation of this previously you will need to submit an updated *New Registrant Mentorship Agreement*.

## PART C — Disclosure of past proceedings

If you are applying to reinstate your non-practising registration, you may skip to Part D.

*In accordance with BCCNM bylaws, to apply for reinstatement of practising registration you must disclose all information that relates to you and your practice of midwifery or a health profession corresponding to midwifery in another jurisdiction, or is otherwise relevant to the safe and ethical practice of midwifery, regardless of where the event took place.*

Have any of the following situations **ever** applied to you?

- Yes  No A finding of professional misconduct, incompetence or incapacity by a regulatory authority<sup>1</sup>.
- Yes  No An investigation with a regulatory authority.
- Yes  No A reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint.
- Yes  No An agreement to an undertaking made by consent with a regulatory authority.
- Yes  No A dismissal for cause by an employer.
- Yes  No A denial of registration by a regulatory authority.
- Yes  No A voluntary resignation of registration on the request or advice of a regulatory authority.
- Yes  No Any verdict and recommendations of a coroner's investigation, inquiry or inquest.
- Yes  No A coroner's investigation, inquiry or inquest in progress.
- Yes  No A denial, suspension, restriction or modification of hospital admitting privileges or a permit to practice.
- Yes  No A voluntary resignation of hospital privileges on the request or advice of a hospital or health authority administration.
- Yes  No A professional liability insurance claim.
- Yes  No Any pending civil or criminal action, notice of claim or settlement or judgement in any civil or criminal proceeding to which you are a party.
- Yes  No A conviction for any federal or provincial offence.
- Yes  No A physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs your ability to practice midwifery.

**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 individuals, institutions, agencies or professional organizations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable include a comprehensive summary addressing what you learned and the ways in which any deficits in ethics, clinical practice or preparation revealed by the matters disclosed have been remedied.

**Failure to disclose any information of any previous, present, or pending matter may result in your application being rejected or revocation of your certificate to practice.**

If at any time during the year you become aware of any investigation, inquiry, review or other proceeding against you in any jurisdiction that could result in your entitlement to practise a profession being canceled, revoked, suspended limited, restricted, or made subject to limits or conditions, you must immediately provide to BCCNM written notice specifying the particulars of the proceeding.

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

## PART D — Declaration, Acknowledgement, Undertaking, and Consent

Check each box to confirm you understand and agree with each statement below. If you are not sure or have questions about any of the statements, please email [registermidwives@bccnm.ca](mailto:registermidwives@bccnm.ca) before you submit your application.

### Declaration

- Yes  No To the best of my knowledge, all the information I submit in, or with, this application is true and complete.
- Yes  No I understand falsification of a registration application, including the omission of requested information or the submission of falsified documents to BCCNM, may be cause for BCCNM to deny registration, investigate, or take other appropriate action.
- Yes  No I understand it is an offence under the *BC Health Professions Act* for a person to apply for BCCNM registration or continue to be registered with BCCNM if that person knows they do not meet the conditions or requirements for BCCNM registration.

### Acknowledgement

I Acknowledge:

- Yes  No The information I provide in my application to BCCNM, including any additional information provided to support my application, may be verified by BCCNM.
- Yes  No If granted registration, my name, date first registered, class of registration, and other information about me will be published on the BCCNM public register and will be available to any person upon request as required by the *Health Professions Act*.
- Yes  No BCCNM collects, uses, and discloses information as authorized by the *Health Professions Act* and the *BC Freedom of Information and Protection of Privacy Act*.

### Undertaking

- Yes  No I undertake to always practise my profession in compliance with the *Health Professions Act* of British Columbia, applicable regulations, the BCCNM Bylaws, and all applicable standards.

### Consent

- Yes  No I consent to BCCNM contacting any person, client, associate, employer, hospital or health authority where I have held privileges, government, educational institution, police force, military authority, governing body, or other organization about anything BCCNM considers relevant to my application to assist BCCNM in determining my eligibility for registration with BCCNM.
- Yes  No I consent to BCCNM disclosing information about me or the services I have provided to other regulatory authorities, hospitals, and other institutions to which I may apply for registration or appointment.
- Yes  No I understand that several agencies in BC will also require information about me after I am registered. I consent to BCCNM disclosing my personal information, usually limited to my date of birth and gender, to those agencies. These agencies include but are not limited to relevant departments dealing with province-wide perinatal programs at Children's and Women's Health Centre, C.H. Wills Newborn Screening Laboratory, LifeLabs, Health Insurance BC, Ministry of Finance and Corporate Relations (Risk Management), Ministry of Health (Blood & Lab Services), Ministry of Health (Provider and Location Registry), Pharmacare, St. Paul's Laboratory, and the Vital Statistics.
- Yes  No I consent to BCCNM providing updates regarding my application to the Midwives Association of BC (MABC) for the purposes of confirming my liability insurance, such as whether I have submitted an application, the date I will be granted registration and the class of registration I will be granted.

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_