

APPLICATION FOR STUDENT 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, the question number to which the information pertains and numbered in sequence.
2. Sections where supporting documentation is required are indicated. Submit copies of 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 a translator approved by College of Midwives of British Columbia (CMBC).
3. You must complete a criminal record check. Instructions on how to complete a Canadian criminal record check and, if applicable, an international criminal record check will be provided to you upon receipt of your application.
4. Students entering or currently enrolled in the 4th year of a CMBC recognized baccalaureate midwifery education program and students entering the Internationally Educated Midwives Bridging Program are required to submit a copy of Cardiopulmonary Resuscitation (CPR) certification that meets CMBC requirements as set out in CMBC's *Policy on Continuing Competency in CPR*.
5. Sections 4 (Disclosure of Past Proceedings), 5 (Authorization) and 6 (Statutory Declaration) must be printed and signed. See these sections for further detail.

Full Name of Applicant: _____

SECTION 1: STUDENT STATUS AND EDUCATION

A. Student Registration/Reinstatement of Registration

1. *I am or will be* (please select one of the following):

A student of the _____ (University) baccalaureate midwifery education program which is recognized by CMBC and I have / have not (circle one) previously been registered as a student with CMBC.

A student of the _____ (University) midwifery bridging program which is recognized by CMBC and I have / have not (circle one) previously been registered as a student with CMBC.

2. *I am requesting registration for the following dates:*

Start Date: _____ End Date: _____

B. International Midwifery Education Program (To be filled out if you have previously completed midwifery education outside of Canada)

1. Name of Program: _____

Name of School: _____

Jurisdiction/Country where recognized: _____

Length of Program: _____ Graduation Date: _____

Degree, Diploma or Certificate Granted: _____

2. Name of Program: _____

Name of School: _____

Jurisdiction/Country where recognized: _____

Length of Program: _____ Graduation Date: _____

Degree, Diploma or Certificate Granted: _____

C. Nursing Program (To be filled out if you have completed nursing education)¹

Name of Program: _____

Name of School: _____

Jurisdiction/Country where recognized: _____

Length of Program: _____ Graduation Date: _____

Degree, Diploma or Certificate Granted: _____

¹ This information is requested for the purposes of maintaining the CMBC database only and does not pertain to the registration process.

Full Name of Applicant: _____

SECTION 2: PERSONAL INFORMATION

A. Identification

Surname: _____ First Name: _____

Middle Name(s): _____

Preferred Name: _____

Gender: F M Date of Birth: _____ (dd/mm/yy)

Supporting Documentation Required: Please enclose a copy of government issued photo identification. If you are submitting photo identification for subsection E (i.e. a passport) this will suffice.

B. Former Names

Have you ever been known by any other names? Yes No

If **yes**, please complete:

Previous Surname(s) and Given Name(s): _____ When did you use this name from/to? _____

Supporting Documentation Required: You must submit proof of a name change (i.e. a marriage certificate) if any of your documentation is in a different name from the one you are using now.

C. Indigenous Status (This subsection is optional and can be filled out if you wish to self-identify as an indigenous person.)

Are you an Indigenous person? Yes No

If **yes**, which Indigenous band and/or nation do you belong to? _____

D. Current Contact Information

Street Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: _____ Cell #: _____ Email: _____

E. Authorization to Study in Canada (Pursuant to the *Bylaws for College of Midwives of British Columbia*, you must be either a Canadian citizen or have the authorization to reside and study in Canada).

Are you a Canadian citizen? Yes No

If **no**, do you have the authorization to reside and study in Canada? Yes No

Supporting Documentation Required: If you are a Canadian citizen, please enclose a copy of your birth certificate, or citizenship card, or Canadian passport. If you are not a Canadian citizen, please enclose proof of the authorization to reside and study in Canada, i.e. a copy of your permanent resident status or study permit.

Full Name of Applicant: _____

SECTION 3: REGISTRATION

A. Midwifery Registration in Other Jurisdictions

Are you currently or have you ever been licensed/certified/registered to practice midwifery in any other jurisdictions?

- Yes No

If **yes**, please list all jurisdictions where you are currently or have previously been registered:

1. Country/State or Province where registered: _____

Registering/Regulating body: _____

Dates of Registration: _____ to: _____

2. Country/State or Province where registered: _____

Registering/Regulating body: _____

Dates of Registration: _____ to: _____

B. Other Professional Affiliations

Are you currently or have you ever been licensed/certified/registered to practice any other health care professions in British Columbia or any other jurisdictions?

- Yes No

If **yes**, please list all health care regulatory bodies and professional associations where you have ever been a registrant/member:

1. Professional Body: _____

Member from: _____ to: _____

Address: _____

2. Professional Body: _____

Member from: _____ to: _____

Address: _____

3. Professional Body: _____

Member from: _____ to: _____

Address: _____

4. Professional Body: _____

Member from: _____ to: _____

Address: _____

Full Name of Applicant: _____

SECTION 4: DISCLOSURE OF PAST PROCEEDINGS (Must be printed, signed by you and signed/sealed by a Canadian Notary Public. Original copy must be mailed to CMBC.)

In accordance with CMBC *Bylaws*, to apply for registration or reinstatement of registration you must disclose all information that relates to you and your practice of midwifery, or is otherwise relevant to the safe and ethical practice of midwifery, regardless of where the event took place.

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

- 1) Yes No a finding of professional misconduct, incompetence or incapacity by a regulatory authority²,
- 2) Yes No an investigation in process with a regulatory authority,
- 3) Yes No a reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint,
- 4) Yes No an agreement to an undertaking made by consent with a regulatory authority,
- 5) Yes No a dismissal for cause by an employer,
- 6) Yes No a denial of registration by a regulatory authority,
- 7) Yes No a voluntary resignation of your registration on the request or advice of a regulatory authority,
- 8) Yes No any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest,
- 9) Yes No a coroner's investigation, inquiry or inquest that is in process,
- 10) Yes No a denial, suspension, restriction or modification of hospital admitting privileges or permit to practice,
- 11) Yes No a voluntary resignation of hospital privileges on the request or advice of a hospital or health authority administration,
- 12) Yes No a professional liability insurance claim,
- 13) Yes No any pending civil/criminal action, a notice of claim, and/or settlement or judgement in any civil/criminal law suit where the applicant is a party,
- 14) Yes No a conviction in relation to any federal or provincial offence, and
- 15) Yes No a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs 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.

Witnessed at _____ on this _____ day of _____, 20_____.

Applicant's Signature

Signature of Notary

Full Name or Official Stamp of Notary

² "Regulatory authority" means a regulatory college, professional association or governmental body that regulates a profession.

Full Name of Applicant: _____

SECTION 5: AUTHORIZATION *(Must be printed and signed by you and a witness over 19 years of age. May be faxed, scanned to email or mailed to CMBC.)*

I hereby authorise the College of Midwives of British Columbia (CMBC) to make such inquiries about me or the services I have provided as it considers appropriate in connection with this application for registration or reinstatement of registration made by me.

I authorise my Midwifery Education Program or any regulatory college for midwifery in a province where I have been registered, any hospital or health authority where I have held privileges, any of my clients, employers, associates or any other person or organisation which CMBC may approach as applicable related to my education or professional practice to release information about me or the health care services I have provided. I agree that any communication between CMBC 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 authorise CMBC to disclose 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.

I understand that several agencies in BC will also require information about me after I am registered. I therefore further authorise CMBC to disclose 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 Registry System), Pharmacare, St. Paul's Laboratory and the Vital Statistics Agency.

I understand that any information provided by me or any other person or organisation in this application may be used by CMBC to assess my eligibility for registration at any stage of the application/registration process.

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.

Witness:

Full Name (please print)

Address

Signature

Day *Month* *Year*

Applicant:

Full Name (please print)

Signature

Day *Month* *Year*

Full Name of Applicant: _____

SECTION 6: STATUTORY DECLARATION *(Must be printed and signed by you and a witness over 19 years of age. May be faxed, scanned to email or mailed to CMBC.)*

I, _____
Full Name

of _____
Street Address

in the _____ Province / Territory *(circle one)* of _____
Name of Province or Territory

do solemnly declare that:

1. I am the person making application for registration with the College of Midwives in the Province of British Columbia.
2. I have read, understood and signed the application to which this declaration is attached.
3. I am a person of good character.
4. I, having read the *Health Professions Act*, the *Midwifery Regulation* and *Bylaws for College of Midwives of British Columbia* in force, will comply with the *Health Professions Act*, the *Midwifery Regulation*, *Bylaws* and standards of practice of CMBC if CMBC grants me registration.
5. I hereby declare that the information contained in the application to which this declaration is attached is true and complete to the best of my knowledge and belief.

Witness:

Full Name (please print)

Address

Signature

Day _____
Month _____
Year

Applicant:

Signature

Day _____
Month _____
Year



Student Registration Payment Advice

Name: _____

Fee	Amount required	Payment Method (please select one)
Application:	<input type="checkbox"/> \$75.00	<input type="checkbox"/> Certified Cheque or Money Order ¹ <input type="checkbox"/> Visa or MasterCard ²

Please note: Student registration fees are due when an application for student registration is approved. The applicant may send a separate cheque for the student registration fee or if they wish to pay by credit card they will be notified of when they may pay.

- **Full year student registration:** \$150.00
- **Clinical Placement:** \$20.00 per month

¹ Payable upon receipt of application.

² You will be advised how to pay your application fees by Visa or MasterCard upon the College's receipt of your application.