

Name: _____



Midwifery Regulatory Council of Nova Scotia

Clinical Licence Renewal Form

SECTION 1 – PERSONAL INFORMATION

Last name: _____

First name: _____ Middle name(s): _____

Home address: _____

_____ Postal code: _____

Mailing address (if different from above) _____

_____ Postal code: _____

Telephone: _____

home

work

cellular

pager

Email (mandatory) _____

Fax _____

Name: _____

SECTION 2 - CLINICAL EXPERIENCE

The clinical practice of midwifery, as defined in Nova Scotia Regulation, section 2 (1) (d) means the provision of antepartum, intrapartum, postpartum and newborn care as a primary care provider. As a primary care provider, the midwife has primary responsibility for clinical decisions and the management of care. The practice of midwifery as defined in the Act, section 2(i), includes the provision of care “either within or outside of a hospital setting”.

Please check all of the following clinical requirements as they apply to you:

Have you completed 1,125 hours in the clinical practice of midwifery, as defined above, within the past 5 years?

Yes No

If no, how many? _____

Have you attended a minimum of 40 births as a primary care midwife¹ in the past 5 years?

Yes No

If no, how many? _____

Do you have at least 450 hours in the clinical practice of midwifery in the past year?

Yes No

If no, how many? _____

Have you attended a minimum of 12 births as a primary care midwife¹ in the past year?

Yes No

If no, how many? _____

○ *Please complete and attach Schedule 1 to provide details about your clinical experience.*

Note: ¹ Primary midwife in attendance at a birth is a midwife who, in her practice or as a part of her education program, is the most responsible care provider for a woman during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn and managing the third stage of labour, unless there were clinical indications for transferring care to a physician.

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**SECTION 3 - CONTINUING COMPETENCIES: NEONATAL RESUSCITATION,
CARDIOPULMONARY RESUSCITATION, EMERGENCY SKILLS AND CONTROLLED DRUGS
AND SUBSTANCES**

a) What is the date of your most recent certification in neonatal resuscitation, including endotracheal intubation?

month/day/year

certifying organization

b) What is the date of your most recent certification in cardiopulmonary resuscitation, (BLS for Healthcare Providers, Level C)?

month/day/year

certifying organization

c) What is the date of your most recent certification in Emergency Skills?

month/day/year

certifying organization

d) What is the date of your completion of *Opioids and Benzodiazepines: Safe Prescribing for Midwives**

month/day/year

- *Please attach one copy of your most recent certifications in each of: NRP, CPR, and ES*

*Offered through UBC Continuing Professional Development, Faculty of Medicine

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SECTION 4 - DISCLOSURE OF PAST PROCEEDINGS

In accordance with Section 5, subsection 3(b) of the Regulations for the Midwifery Regulatory Council of NS, to apply for registration you must disclose all information that relates to you and the practice of midwifery, or is otherwise relevant to your ability to safely and ethically practice midwifery.

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

a) A finding of professional misconduct, incompetence or incapacity by a regulatory authority

.. YES .. NO

b) An investigation in process with a regulatory authority

.. YES .. NO

c) A reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint

.. YES .. NO

d) An agreement to an undertaking made by consent with a regulatory authority

.. YES .. NO

e) A dismissal for cause by an employer

.. YES .. NO

f) A denial of registration by a regulatory authority

.. YES .. NO

g) Any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest

.. YES .. NO

h) A coroner's investigation, inquiry or inquest that is in process

.. YES .. NO

i) A denial of or loss of hospital admitting privileges or permit to practice

.. YES .. NO

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j) A professional liability insurance claim

“ YES “ NO

k) A settlement or judgment in any civil law suit or particulars of any civil action that is pending where the applicant is a party

“ YES “ NO

l) Convictions in relation to any federal or provincial offence

“ YES “ NO

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

Your failure to disclose all information regarding any previous, present, or pending matter may result in your application being rejected or the revocation of your certificate to practice.

Witnessed at _____ this ____ day of 2019,

Witness's Signature _____

Applicant's Signature _____

Please make cheque payable to “Government of Nova Scotia”.