

**INITIAL REGISTRATION APPLICATION
MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA**

*PLEASE ENSURE THAT ALL COMPLETED FORMS ARE RETURNED TO :
ANNE JACKMAN, REGISTRAR – EXECUTIVE DIRECTOR
MIDWIFERY REGULATORY COUNCIL
P.O BOX 488, 1894 BARRINGTON STREET
HALIFAX, NOVA SCOTIA B3J 2R8
FAX: (902) 424-0730 TELEPHONE: (902) 424-3218
EMAIL: ANNE.JACKMAN@GOV.NS.CA*

NAME OF APPLICANT:

CLASS OF REGISTRATION

Please select the class of registration for which you are applying

- Active-practicing (clinical)
- Active-practicing (non-clinical)

CATEGORY OF REGISTRATION

Please select the category in which you are applying:

- Current or previous registration in a Canadian province or territory (within the last 5 years)
- Successful completion of an approved competency assessment and bridging Program (within the last 2 years)
- Graduation from an approved Canadian Midwifery Education Program (within the last 2 years)
- Other

SECTION 1 - PERSONAL INFORMATION

NAME AND DATE OF BIRTH

Last name: _____

First name: _____ Middle name(s): _____

Full legal name: _____

How would you like your name to appear on your certificate of registration?

Have you ever been known by any other names?

Yes

No

If yes, please complete and attach Schedule 1

Date of birth: _____

month/day/year

CONTACT INFORMATION

Home address: _____

Postal code: _____

Mailing address (if different from above) _____

Telephone (Home) _____

(Work) _____

(Cell) _____

(Pager) _____

Email (mandatory) _____

Facsimile _____

SECTION 2 - CITIZENSHIP, LEGAL ENTITLEMENT TO WORK IN CANADA

Please read carefully, check the box that applies to you and prepare required documentation

	YES	NO
Are you a Canadian citizen? <i>If yes, please attach one copy of proof of Canadian citizenship</i>		
Do you hold permanent resident status under the Immigration Act (Canada)? <i>If yes, please attach one copy of proof of permanent resident status</i>		
Are you authorized under the Immigration Act (Canada) to engage in employment as a midwife in Canada? <i>If yes, please attach one copy of proof of employment authorization</i>		

Please ensure that you include all relevant documentation with your application package.

SECTION 3 – PROFESSIONAL REGISTRATION

1. CANADIAN MIDWIFERY REGISTRATION

Please read carefully, check the box that applies to you, complete the information and prepare required documentation

	Yes	No
<p>Are you currently registered as a midwife in another Canadian province or territory?</p> <p>a) If yes, where? _____</p> <p>Registration number _____</p> <p>b) Dates from _____ to _____ mm/dd/yyyy mm/dd/yyyy</p>		
<p>Have you previously been registered as a midwife in another Canadian province or territory?</p> <p>a) If yes, where? _____</p> <p>Registration number _____</p> <p>b) Dates from _____ to _____ mm/dd/yyyy mm/dd/yyyy</p>		

Please request a letter of standing from your regulatory body to be sent directly to the MRCNS.

...PLEASE CONTINUE SECTION 3 ON NEXT PAGE

SECTION 3 – PROFESSIONAL REGISTRATION / CON’T...

2. MIDWIFERY REGISTRATION OUTSIDE OF CANADA

	Yes	No
Are you currently registered as a midwife in another country? a) If yes, where? _____ Registration number _____ b) Dates from _____ to _____ mm/dd/yyyy mm/dd/yyyy		
Have you previously been registered in another country? a) If yes, where? _____ Registration number _____ b) Dates from _____ to _____ mm/dd/yyyy mm/dd/yyyy		

Please attach proof of your registration (one notarized copy of your registration certificate(s)) or a letter of standing from your regulatory body to be sent directly to the MRCNS.

...PLEASE CONTINUE SECTION 3 ON NEXT PAGE

SECTION 3 – PROFESSIONAL REGISTRATION / CON’T...

3. OTHER PROFESSIONAL REGISTRATION

	YES	NO
Are you currently registered in a regulated health profession other than midwifery? a) If yes, where? _____ Registration number _____ b) Dates from _____ to _____ mm/dd/yyyy mm/dd/yyyy		
Have you previously been registered in a regulated health profession other than midwifery? a) If yes, where? _____ Registration number _____ b) Dates from _____ to _____ mm/dd/yyyy mm/dd/yyyy		

Please attach proof of your registration (one notarized copy of your registration certificate(s)) or a letter of standing from your regulatory body to be sent directly to the MRCNS.

SECTION 4 – MIDWIFERY EDUCATION AND CMRE

Please complete the following information

MIDWIFERY PROGRAM

Midwifery Program: _____

- a) Name of program/school: _____
- b) Jurisdiction/country where recognized: _____
- c) Length of Program: _____
- d) Degree, Diploma or Certificate Granted: _____

Midwifery Program: _____

- a) Name of program/school: _____
- b) Jurisdiction/country where recognized: _____
- c) Length of Program: _____
- d) Degree, Diploma or Certificate Granted: _____

POST NURSING PROGRAM

If your midwifery education was a post-nursing program or you have additional nursing education, please indicate below:

Nursing Program: _____

- a) Name of program/school _____
- b) Jurisdiction/country where recognized _____
- c) Length of Program: _____
- d) Degree, Diploma or Certificate Granted _____

...PLEASE CONTINUE SECTION 4 ON NEXT PAGE

SECTION 4 – MIDWIFERY EDUCATION AND CMRE/ CON'T...

POST GRADUATE EDUCATION

If you have any post graduate education please indicate below:

Post Graduate Program: _____

- a) Name of program/school
- b) Jurisdiction/country where recognized
- c) Length of Program _____
- d) Degree, Diploma or Certificate Granted _____

CANADIAN MIDWIFERY REGISTRATION EXAMINATION (CMRE)

Please indicate below when the Canadian Midwifery Registration Exam (CMRE) was written:

Please attach one notarized copy of each degree, diploma or certificate indicated as well as arrange for CMRE results to be sent to MRCNS.

SECTION 5 – CLINICAL EXPERIENCE

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

	YES	NO
Do you have 1,125 hours in the clinical practice of midwifery within the past 5 years? If no, how many? _____		
Have you attended a minimum of 40 births as a primary midwife ¹ in the past 5 years? If no, how many? _____		
Do you have at least 450 hours in the clinical practice of midwifery in the past year? If no, how many? _____		
Have you attended a minimum of 12 births as a primary midwife ¹ in the past year? If no, how many? _____		

Please complete and attach Schedule 2 to provide details about your clinical experience

SECTION 6 - COMPETENCY ASSESSMENT AND BRIDGING PROGRAMS

In accordance with Section 2 (1) (c) and (e) of the Regulations, the following competency assessment and bridging programs are approved by the Council. If you have successfully completed one of the following Competency Assessment or Bridging Programs, please check the corresponding box:

- Canadian Midwifery Regulators Consortium:
Multijurisdictional Midwifery Bridging Program (MMBP)

- College of Midwives of British Columbia:
Prior Learning and Experience Assessment Program (PLEA)

- College of Midwives of Alberta:
Prior Learning and Experience Assessment Program (PLEA)

- College of Midwives of Manitoba:
Prior Learning and Experience Assessment Program (PLEA)

- Ordre des Sage-Femmes du Québec:
Formation d'appoint pour les sages-femmes formées à l'étranger

- Ryerson University (Toronto, Ontario):
International Midwifery Preregistration Program (IMPP)

In accordance with Section 2 (1) (e) of the Regulations, the Competency Assessment for Internationally-Educated Midwives (CAIEM) in Nova Scotia, conducted in 2008-2009, is approved by the Council. The CAIEM program does not include bridging to address competency gaps identified in the assessment process.

Please arrange to have the results of your assessment (including final report and clinical experience record) forwarded directly to the MRCNS.

SECTION 7 - CONTINUING COMPETENCIES: NEONATAL RESUSCITATION, CARDIOPULMONARY RESUSCITATION, EMERGENCY SKILLS, OPIOIDS AND BENZODIAZAPINES

NEONATAL RESUSCITATION

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

a) Date: _____
mm/dd/yyyy

b) Certifying Organization: _____

CARDIOPULMONARY RESUSCITATION

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

a) Date: _____
mm/dd/yyyy

b) Certifying Organization: _____

EMERGENCY SKILLS

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

a) Date: _____
mm/dd/yyyy

b) Certifying Organization: _____

OPIOIDS AND BENZODIAZAPINES

What is the date of your certification in Opioids and Benzodiazapines?

Date: _____
mm/dd/yyyy

Please attach one copy of your most recent certifications in each
SECTION 8 - 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.

Please check all the following situations or circumstances that apply to you:

	YES	NO
a) A finding of professional misconduct, incompetence or incapacity by a regulatory authority		
b) An investigation in process with a regulatory authority		
c) A reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint		
d) An agreement to an undertaking made by consent with a regulatory authority		
e) A dismissal for cause by an employer		
f) A denial of registration by a regulatory authority		
g) Any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest		
h) A coroner's investigation, inquiry or inquest that is in process		
i) A denial of or loss of hospital admitting privileges or permit to practice		
j) A professional liability insurance claim		

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		
l) Convictions in relation to any federal or provincial offence		

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 _____

Applicant's Signature _____

Signature of Notary _____

Full Name or Official Stamp of Notary: _____

SECTION 9 - CERTIFICATION OF APPLICATION

DECLARATION

Please give the **FULL** and **COMPLETE** information:

I, _____
Full Name

of the _____ of _____
Type of municipality (i.e., City, Town, Village) Name of Municipality

in the _____ of _____
Province or Territory (i.e. Province or Territory) Name of Province (i.e. Nova Scotia)

hereby declare the following:

1. I am the person making application as a midwife in the Province of Nova Scotia.
2. I have read, understood and signed the application to which this certification is attached.
3. I understand that, I am not permitted to use the title *midwife* nor to engage in the acts authorized to midwives in the *Midwifery Act, 2008*, unless I am currently registered.
4. If the Council grants me registration, I will comply with the Regulations and Standards of the Council.

...PLEASE CONTINUE SECTION 9 ON NEXT PAGE
SECTION 9 - CERTIFICATION OF APPLICATION / CON'T...

- i. I hereby certify that the information contained in this application to which this

certification is attached is true and complete to the best of my knowledge and belief.

Signature of Witness
(Must be over the age of 18)

Signature of Applicant

Full Name of Witness (Please Print)

Full Name of Applicant (Please Print)

Address of Witness

Address of Applicant

SCHEDULE 1 - PREVIOUS NAMES

Please list all names that you have ever used or been known by:

PREVIOUS NAME			WHEN DID YOU USE THIS NAME?	
Last Name	First Name	Middle Name	From	To

SCHEDULE 2 - CLINICAL PRACTICE EXPERIENCE BY PRACTICE SITE

Please indicate each clinical practice site where you have worked as a midwife within the last 5 years. If you are describing a student experience, please describe your own role in care, rather than that of your supervisor or instructor. Please see example provided for guidance

Name of Practice Site	Country or Province	Employment Status	Role	Care Provided (Indicate all that apply)	Birth Setting	Dates	Contact
Midland Midwifery Services	UK	PP	PM, O	AP, IP, PP, NB	H, OH	Oct 2004 – Aug 2008	Ms. Jar

KEY

Employment Status	Role	Care Provided	Out of Hospital
E Employee	PM Primary Midwife	AP Antepartum Care	OH Out of Hospital
PP Private Practice	O Other Midwife	IP Intrapartum Care	H Hospital
IC Independent Contractor		PP Postpartum Care	
S Student		NB Newborn Care	

Note: ¹ Primary midwife 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.

SCHEDULE 2 – CLINICAL PRACTICE EXPERIENCE – HOSPITAL PRIVILEGES OR EMPLOYMENT

Please list each hospital where you have worked and/or held privileges in the past 5 years. Please see example provided for guidance.

Name of Hospital	Country or Province	Status*	Dates		Contact Person (s)
			From	To	
Mountain Valley Hospital	UK	Employee	Oct 2004	Aug 2008	Mr. John Green

* **Status:** Please indicate whether you were

- An employee
- A privileged member of medical staff. Include your privileged status:
 - Active

Name of Applicant_____

- Associate
- Courtesy
- Temporary
- Locum

REFERENCE FORM FOR APPLICANTS FOR REGISTRATION

TO BE COMPLETED BY APPLICANT

Name of Applicant:

Name of Referee:

Indicated the referee's professional designation:

Midwife Nurse Physician other (please specify)

I authorize the referee to disclose to Registrar – Midwifery Regulatory Council of Nova Scotia, information that is otherwise confidential. I agree that communication between the Registrar and the referee shall be privileged and I waive any right of disclosure to me of the same.

SIGNATURE OF APPLICANT:

INSTRUCTIONS FOR REFEREE

The Midwifery Regulatory Council of Nova Scotia is entrusted with protecting public safety by ensuring that Nova Scotia registered midwives are competent, safe and ethical in their practice. Your personal knowledge of this applicant is important in judging her eligibility for registration in Nova Scotia.

Please explain any indications of problems or concerns you may have regarding the applicant's suitability for registration. Use the back of this form or additional pages if required. Please ensure that any additional pages clearly note the name of the applicant and are numbered in sequence. Thank you.

Please return completed reference letter forms to:

Anne Jackman
Registrar, Executive Director
Midwifery Regulatory Council
1894 Barrington Street
PO Box 488
Halifax, Nova Scotia B3J 2R8
Fax: 902 424 0730
Phone: 902 424 3218
jackmaad@gov.ns.ca

Name of Applicant_____

...PLEASE CONTINUE REFERENCE SECTION ON NEXT PAGE

**REFERENCE FORM FOR APPLICANTS FOR REGISTRATION /
CON'T...**

TO BE COMPLETED BY REFEREE

1. In what capacity, when, and for how long have you observed this applicant working as a midwife?

- | | YES | NO |
|---|--------------------------|--------------------------|
| 2. Have you observed the applicant conduct deliveries as a primary care provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you able confirm the applicant's clinical experience as a primary care provider within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you are a physician, has the applicant referred her patients/clients to you for consultation and/or transfer of care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you aware of any problems regarding the applicant's physical health or mental health, or of any alcohol, or drug problems that would impair the applicant's ability to undergo a competency assessment and/or practice as a midwife? | <input type="checkbox"/> | <input type="checkbox"/> |

If so, explain

6. Are you aware of any cases where the applicant was involved in providing care which was referred to the coroner for investigation?

If so, explain

**...PLEASE CONTINUE REFERENCE SECTION ON NEXT PAGE
REFERENCE FORM FOR APPLICANTS FOR REGISTRATION /
CON'T...**

7. Are you aware of any complaints regarding the applicant,
which have resulted in an investigation or disciplinary proceeding? **YES** **NO**

If so, explain

1. Do you consider this applicant to be of good character,
NO **YES**
ethical and reliable?

If so, or if not, explain

2. Do you consider this applicant to have adequate midwifery knowledge and skills to provide an acceptable quality of safe midwifery care?

YES

NO

If yes, explain

3. Do you have any additional information with respect to the applicant's professional or ethical conduct you believe should be conveyed to the Midwifery Regulatory Council of Nova Scotia?

NO

YES

If so, explain

**...PLEASE CONTINUE REFERENCE SECTION ON NEXT PAGE
REFERENCE FORM FOR APPLICANTS FOR REGISTRATION /
CON'T...**

To be completed by referee

Print Name: _____

Professional Designation: _____

Setting where you worked with the applicant: _____

Name of Applicant _____

Signature of Referee: _____

Address of Referee: _____

Telephone of Referee: _____

Professional Regulatory Body: _____

Registration #: _____

Date Reference Completed: _____

GUIDELINES FOR COMPLETION OF APPLICATION FOR REGISTRATION MIDWIFERY REGULATORY COUNCIL OF NOVA SCOTIA

A. MIDWIFERY LICENSURE

Midwives must be licensed by the Midwifery Regulatory Council of Nova Scotia. The Registrar of the Council issues licences in the following classes:

- Active-practising
- Active-practising with conditions or restrictions
- Provisional
- Provisional with conditions or restrictions

Subclasses within the active-practicing licence class:

- Active-practising (clinical)
- Active-practising (non-clinical)
- Active-practising (clinical) with conditions or restrictions
- Active-practising (non-clinical) with conditions or restrictions

In accordance with the Regulations Respecting Midwifery and the policies of the Midwifery Regulatory Council of Nova Scotia, midwives must hold an active-practicing (clinical) licence to engage in the clinical practice of midwifery. Midwives who are not engaged in clinical practice but work in the fields of research, education, consultation, management, administration, regulation, policy or system development relating to the practice of midwifery, as defined in the Midwifery Act, may hold an active-practising (non-clinical) licence.

Criteria for entry in the active practicing roster (clinical and non-clinical) are:

- graduation from a Canadian university midwifery education program or its equivalent in the 2 years immediately before application, or
- completion of an approved competency assessment program and/or bridging

program in the 2 years immediately before application, or

- currently registered or previously registered as a midwife in another province or territory in the 5 years immediately before application.

...GUIDELINES CONTINUE ON NEXT PAGE

B. APPLICATION FORM

Section 1: Personal Information

Personal contact information is used by the Council for direct contact with members, and is not released to the general public. The Council does maintain a public roster that includes all practice and professional information on each member.

It is important that you keep the Council informed of any changes to your contact information so that we may contact you regarding your application and registration.

- In Section 1 print your full current legal name. If any of the documentation you are providing with your application is in any name other than your current legal name, you must provide documentation to prove the change of name.
- Please attach Schedule 1 to your application if you have ever been known by any other names.
- Where indicated, print your name exactly as you wish it to appear on your certificate of registration. Your last name must be your current legal last name. Registration documents can be issued in your current legal name only, but you may choose how you would like your given names to appear, for example: Elizabeth J. Midwife, Liz Jane Midwife, E. Jane Midwife. Your name as it appears here will be used in all Council communication regarding your membership, including:
 - MRCNS website

- o Notification of registration to the province's Vital Statistics Branch Birth Registry and Department of Health
- o Letters of conduct requested by regulators or hospitals.

Section 2: Citizenship, Legal Entitlement to Work in Canada

In order to be eligible for registration you must be either a Canadian citizen, a permanent resident of Canada or authorized under the Immigration Act (Canada) to engage in open employment in Canada. You must submit proof of your citizenship, residency or employment authorization along with your application.

Section 3: Professional Registration

In this section, you must list all current and previous professional registration including international registrations, registrations in other Canadian provinces or territories, and registrations in other regulated health professions. Midwives who are or have been registered in other Canadian provinces or territories will need to arrange for letters of professional conduct to be delivered to the Registrar directly from the regulatory body. You will need to sign a consent form to release this information, and complete the request form as required by your regulatory body. For those registered in other jurisdictions or professions copies of your registration certificates or other proof of registration must be attached to your application.

Section 4: Midwifery Education

Registered midwives in Nova Scotia must hold a baccalaureate degree from a Canadian university midwifery education program; or have educational qualifications equivalent to this degree.

...GUIDELINES CONTINUE ON NEXT PAGE

Please list all of your midwifery education as indicated, and include notarized copies of all degrees, diplomas and certificates earned in these programs. If you are applying for registration as a midwife for the first time since graduating, please attach one original Record of Clinical Experience and arrange for your university to send an official transcript directly to the Registrar.

Registered midwives in Nova Scotia must also complete the Canadian Midwifery Registration Examination (CMRE). Please arrange for the exam results to be sent to the MRCNS.

Section 5: Clinical Experience

According to the Regulations, criteria for an active-practicing (clinical) licence are:

At least the following practice hours or experience:

- 1125 hours or attendance at 40 births in the clinical practice of midwifery in the 5 years immediately before their application, or
- 450 hours or attendance at 12 births in the clinical practice of midwifery in the year immediately before their application

The clinical practice of midwifery is defined in the Regulations as the provision of antepartum, intrapartum, postpartum and newborn care as a primary care provider. In accordance with the definition of midwifery practice in the Act, midwives may practise either within or outside of a hospital setting.

In accordance with the requirements of the Act, the Regulations and the policies of the Council, midwives who do not fully meet clinical experience requirements may be issued a provisional licence.

Please answer all questions pertaining to your midwifery experience. Please complete and attach Schedule 2 to assist the Registrar in determining and verifying your clinical experience. You will also need to provide three references. At least one of your referees should be able to verify your clinical practice experience.

Section 6: Competency Assessment / Bridging Programs

If you have successfully completed a competency assessment and /or bridging program approved by the Council, you may be eligible for registration. Based on the results of the assessment, the Registrar may issue an active-practicing (clinical) licence or a provisional licence.

Please make arrangements to have your final report sent from the assessment program directly to the Registrar, if this has not already been done on your behalf.

Section 7: Continuing Competencies

The Council requires that all registrants in the active-practicing (clinical) class be certified in:

- Neonatal Resuscitation annually. The minimum standard is the Canadian Pediatric Society Neonatal Resuscitation Provider course, including endotracheal intubation
- Cardiopulmonary Resuscitation every 2 years. The minimum standard is the Canadian Heart and Stroke Foundation Basic Life Support (level C) for Healthcare Providers
- Emergency Skills in Obstetrics every 3 years. Courses approved by the council are:
 - Emergency skills courses/assessments conducted as part of or in conjunction with an approved Canadian university midwifery education program

- o Ontario Association of Midwives or Canadian Association of Midwives Emergency Skills Workshop (ESW)
- o Society of Obstetricians and Gynecologists of Canada Advances in Labour and Risk Management (ALARM)
- o Managing Obstetrical Risk Efficiently (MORE ^{OB})
- o College of Family Physicians of Canada Advances in Life Support in Obstetrics (ALSO)

Certified instructors of these courses will meet these requirements, provided they have taught at least one course within the time frame required for currency.

Midwives are also required to successfully complete Opioids and Benzodiazapines: Safe Prescribing for Midwives offered through UBC Continuing Professional Development, Faculty of Medicine.

Please attach proof of current certification or instructor status in these continuing competencies.

Section 8: Disclosure of Past Proceedings

Questions in this section refer to *all* previous experience, including experience in another profession or experience that occurred outside of Nova Scotia, or outside of Canada. All questions must be answered “yes” or “no”. For every “yes” answer, you must provide a detailed explanation on an additional sheet of paper attached to the application.

Section 9: Certification of Application

You must ensure that this section is signed and witnessed properly. The witness must be over 18 years of age. The witness is attesting to the fact that they witnessed you signing the form, therefore they must sign at the same time that you do.

C. ADDITIONAL REQUIREMENTS

In addition to the documentation referred to in the sections above, all applicants must submit the following additional material:

- One passport photo taken within the 6 months preceding application (colour preferred)

- A photocopy of an official government issued photo identification (driver's license, passport, photo health card, Nova Scotia Identification Card etc.)
- Fees: application fee, administration fee, registration fee
- Criminal record check
- Three reference letters, written on the required forms and sent directly to the Registrar by the referee

Criminal Records Check

A current criminal record check must be requested for your current name, as well as for all previous names by which you have been known. Criminal records checks must be dated within 6 months of their submission to the Registrar.

An original certificate with the regulator's seal or a notarized copy may be submitted, otherwise, you may obtain one in person or on-line.

Criminal Record Checks for residents of Halifax, Bedford and Dartmouth:

You may apply in person, from Monday to Friday, at:

- o Police Headquarters at 1975 Gottingen Street, 8:30 am - 4:30 pm
- o Halifax Shopping Centre, Mumford Road, Halifax, 8 am - 4:00 pm
- o 15 Convoy Run, Bedford, 8:30 am-4:30 pm
- o Eric Spicer Building at 21 Mount Hope Avenue, Dartmouth, 8:30 am-9:00 pm
- o Spryfield Community Office, Herring Cove Road, 8:00 am-4:00 pm.

You must present two pieces of identification _____ be within Halifax, Dartmouth or Bedford. Accepted identification: Nova Scotia Driver's License or Nova Scotia ID Card and one other of: health card, birth certificate, passport, or social insurance number. The Criminal Record check costs \$30 and takes approximately 10 days to process.

Important: You must submit the Criminal Record Check to Registrar in its original sealed envelope.

Criminal Record Check on-line:

A Criminal Record Check can be requested online at <https://www.mybackcheck.com> These online requests take only a few minutes and results are delivered to applicants electronically in less than 24 hours. The fee is \$30. These certificates include a serial number. Applicants may e-mail the PDF version of the certificate to the Registrar or notify the Registrar of the serial number on the certificate.

Local Police Departments or RCMP detachments:

Criminal records checks can also be obtained through local police departments or RCMP detachments for the same fee. The results of these checks usually arrive within two weeks. Checks obtained from local police/RCMP must be provided to the Registrar *in the original sealed envelope*.

Letters of reference:

You must submit a minimum of three letters of reference from professionals or organizations with whom you have worked as a midwife. At least one of these referees should be able to verify your clinical experience as set out in your application. These three references must be provided by two of the following types of referees:

- Previous employer(s) or professional staff in a health care facility or setting where you practiced midwifery, (hospital administrators, department heads, clinical managers, etc.)
- A registered midwife in the health care facility or setting where you practiced midwifery
- A physician in a health care facility or setting where you practiced midwifery
- A perinatal or maternity nurse in the health care facility or setting where you practiced midwifery.

The enclosed forms should be completed and returned by the referee to the Registrar as follows:

1. Print your name and the name of the referee at the top of the reference form and indicate the referee's professional designation.
2. Sign the top of each form in the appropriate space, giving your referee authority to provide confidential information to the Council.
3. Ask each referee to complete the form and return it directly to the Registrar.

CHECKLIST FOR REGISTRATION APPLICATION

Before submitting your application to the Midwifery Regulatory Council, please ensure that all items on this checklist are complete.

- All areas of the application form are fully completed. Incomplete or incorrectly completed application forms lead to delays in registration
- All applicable schedules and supporting documents are attached, and notarized when required, as indicated in the application

ATTACHMENTS TO ACCOMPANY THIS APPLICATION

- Schedule 1, for applicants with previous other names
- proof of Canadian citizen ship, or
- proof of permanent resident status,
- proof of authorization for employment in Canada
- consent and forms submitted to request Letter of Professional Conduct from each Canadian regulatory body where you are or have been registered
- notarized copy of registration for each midwifery registration outside of Canada
- notarized copy of registration for each professional registration other than midwifery, from every jurisdiction where you are or have been registered
- notarized copy of each degree, diploma or certificate relating to midwifery education including CMRE results
- Schedule 2: Clinical Experience by Practice Site, and Hospital Privileges/Employment
- Competency Assessment and/or Bridging Program results sent directly to Registrar
- copy of current certification in Neonatal Resuscitation
- copy of current certification in Cardiopulmonary Resuscitation
- copy of current certification in Emergency Skills in Obstetrics
- copy of certification in Opioids and Benzodiazapines
- an explanation of any “yes” answers to questions in Section 8
- a passport photo taken within 6 months
- a legible copy of photo identification
- a criminal records check, sent directly to the Registrar, or delivered in its original sealed envelope
- reference forms, forwarded directly to the Registrar from 3 referees
- \$50 application fee

Please return your completed application form and all supporting documents to:

Anne Jackman
Registrar, Executive Director
Midwifery Regulatory Council
P.O Box 488
1894 Barrington Street
Halifax, Nova Scotia
B3J 2R8
Fax: 902 424 0730
Phone: 902 424 3218
anne.jackman@gov.ns.ca