

Name: _____



Midwifery Regulatory Council of Nova Scotia

Non-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 - NON-CLINICAL EXPERIENCE

The non-clinical practice of midwifery, as defined in Nova Scotia Regulations section 2 (1) (f) means practice that is limited to research, education, consultation, management, administration, regulations, policy or system development relating to the practice of midwifery.

Please check all of the following active-practising non-clinical requirements as they apply to you:

Do you have 1,125 hours in the non-clinical practice of midwifery within the past 5 years?

Yes No

If no, how many? _____

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

Yes No

If no, how many? _____

SECTION 3 - 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

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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

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

Name: _____
application being rejected or the revocation of your certificate to practice.

Witnessed at _____ *this* _____ *day of 2018,*

Witness's Signature _____

Applicant's Signature _____

Please make cheque payable to Government of Nova Scotia.