

INITIAL APPLICATION FOR REGISTRATION

LICENSED MIDWIFE COMING FROM ANOTHER CANADIAN JURISDICTION



PLEASE ENSURE THAT ALL COMPLETED FORMS ARE RETURNED TO:

Jenny Wright, Registrar – Executive Director
Midwifery Regulatory Council Of Nova Scotia
Suite 300 - 120 Western Parkway
Bedford, Nova Scotia B4B 0V2
Telephone: (902) 455-5867 Email: jenny.wright@mrcns.ca

NAME OF APPLICANT:

CLASS OF REGISTRATION

Please select the class of registration for which you are applying:

- Active-Practising (Clinical)
- Active-Practising (Non-Clinical)

CATEGORY OF REGISTRATION

Please select the category in which you are applying:

- Coming from another Canadian Jurisdiction**
You are currently licensed in another Canadian province or territory and wish to register and practice in Nova Scotia

LABOUR MOBILITY

In 2017, the Canadian Free Trade Agreement (CFTA) replaced the Agreement on Internal Trade ("AIT"). Regarding Labour Mobility, the CFTA website explains:

"Labour Mobility provisions of the CFTA (Chapter 7) state that certified workers have to be recognized as qualified to work by a regulatory body in another province or territory which regulates that occupation, without having to go through significant additional training, work experience, examination or assessment, unless an exception has been posted."

Accordingly, a midwife who is registered and in good standing with another Canadian midwifery regulator can apply for registration in Nova Scotia.



SECTION 1 – PERSONAL INFORMATION

Last Name: _____

First Name: _____ Middle Name(s): _____

Date of Birth (MM/DD/YYYY): _____

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?

NO

YES **If yes, please complete Schedule 1 below**

Schedule 1 - PREVIOUS NAMES

Please list all names that you have ever used or been known by, if different from the legal name listed above.

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

SECTION 2 – CONTACT INFORMATION

Home Address: _____

City: _____ Postal Code: _____

Mailing Address (if different from above) _____

City: _____ Postal Code: _____

Telephone: _____
home work
cellular other

Email (mandatory) _____



SECTION 3 – PROFESSIONAL REGISTRATIONS

1. CANADIAN MIDWIFERY REGISTRATION

Please read carefully, complete the information and prepare required documentation.

Please identify in which Canadian province or territory you are currently registered as a Midwife?

Province or Territory: _____

Regulatory Body: _____

Registration Number: _____

Initial Registration Date: _____

*Please attach a copy of your Certificate of Registration
and
Request a Letter of Professional Standing from your Regulatory Body
to be sent directly to MRCNS (registration@mrcns.ca).*

2. OTHER PROFESSIONAL REGISTRATION

	Yes	No
<p>Are you <u>currently</u> registered in a regulated health profession other than midwifery?</p> <p>a) If yes, where? _____</p> <p style="padding-left: 40px;">Regulatory Body: _____</p> <p style="padding-left: 40px;">Registration number: _____</p> <p>b) Dates: from _____ to _____</p> <p style="padding-left: 80px;">MM/DD/YYYY MM/DD/YYYY</p>		
<p>Have you <u>previously</u> been registered in a regulated health profession other than midwifery?</p> <p>a) If yes, where? _____</p> <p style="padding-left: 40px;">Regulatory Body: _____</p> <p style="padding-left: 40px;">Registration number: _____</p> <p>b) Dates: from _____ to _____</p> <p style="padding-left: 80px;">MM/DD/YYYY MM/DD/YYYY</p>		

*Please attach a copy of your Certificate of Registration
 or
 Request a Letter of Professional Standing from your Regulatory Body
 to be sent directly to MRCNS (registration@mrcns.ca).*

SECTION 4 – MIDWIFERY EDUCATION AND CMRE

Please complete the following information regarding your education from an approved MEP.

1. MIDWIFERY EDUCATION PROGRAM (MEP)

Midwifery Program Name: _____

Name of School: _____

Jurisdiction / Country: _____

Length of Program: _____ Graduation Year: _____

Degree, Diploma or Certificate Granted: _____

Midwifery Program Name: _____

Name of School: _____

Jurisdiction / Country: _____

Length of Program: _____ Graduation Year: _____

Degree, Diploma or Certificate Granted: _____

2. POST NURSING EDUCATION

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

Nursing Program: _____

Name of School: _____

Jurisdiction / Country: _____

Length of Program: _____ Graduation Year: _____

Degree, Diploma or Certificate Granted: _____



3. POST GRADUATE EDUCATION

If you have any post graduate education please indicate below:

Post Graduate Program: _____	
Name of School: _____	
Jurisdiction / Country: _____	
Length of Program: _____	Graduation Year: _____
Degree, Diploma or Certificate Granted: _____	

Post Graduate Program: _____	
Name of School: _____	
Jurisdiction / Country: _____	
Length of Program: _____	Graduation Year: _____
Degree, Diploma or Certificate Granted: _____	

CANADIAN MIDWIFERY REGISTRATION EXAMINATION (CMRE)

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

Date of CMRE: _____

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



SECTION 5 – CONTINUING COMPETENCE CERTIFICATES

NEONATAL RESUSCITATION (NRP)

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

Certifying Organization: _____

Date: _____
MM/DD/YYYY

CARDIOPULMONARY RESUSCITATION (CPR)

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

Certifying Organization: _____

Date: _____
MM/DD/YYYY

FETAL HEALTH SURVEILLANCE (FHS)

What is the date of your most recent certification in fetal health surveillance?

Certifying Organization: _____

Date: _____
MM/DD/YYYY

EMERGENCY SKILLS IN OBSTETRICS

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

Certifying Organization: _____

Date: _____
MM/DD/YYYY



OPIOIDS AND BENZODIAZEPINES*

What is the date of your certification in Opioids and Benzodiazepines: Safe Prescribing for Midwives?

Certifying Organization: _____

Date: _____
MM/DD/YYYY

****If you do not have this certificate you will be issued a conditional licence and granted eight (8) weeks to successfully complete and submit your certificate to the Midwifery Regulatory Council of Nova Scotia.***

Link to Approved eLearning Program by UBC CPD:

[Opioids and Benzodiazepines: Safe Prescribing for Midwives](#)

***Please attach one copy of your most recent certification
in each category of competence.***

SECTION 6 – CERTIFICATION OF APPLICATION

DECLARATION

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

I, _____
Full Legal Name

of the _____ of _____
Type of Municipality (ex. City, Town or Village) Name of Municipality (ex. Halifax)

in the _____ of _____
Province or Territory (ex. province or Territory) Name of Province (ex. Nova Scotia)

hereby declare the following:

1. I am the person making an 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 authorised 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.

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

Date

Date

**GUIDELINES FOR COMPLETION OF
THE APPLICATION FOR INITIAL REGISTRATION
WHEN COMING FROM ANOTHER CANADIAN JURISDICTION**

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-practising 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-practising (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 practising 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.

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 complete Schedule 1 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
 - Notification of registration to the province's Vital Statistics Branch Birth Registry and Department of Health
 - Letters of conduct requested by regulators or hospitals.

Section 2: Contact Information

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 an approved Canadian university midwifery education program (MEP); or have educational qualifications equivalent to this degree.

Please list all of your midwifery education as indicated, and include copies of all degrees, diplomas and certificates earned in these programs.

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

Section 5: Continuing Competencies

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

- **Neonatal Resuscitation (NRP) - annually**
The minimum standard is the Canadian Pediatric Society Neonatal Resuscitation Provider course, including endotracheal intubation.
- **Cardiopulmonary Resuscitation (CPR) - 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 2 years**
Courses approved by the Council include:
 - Emergency skills courses/assessments conducted as part of or in conjunction with an approved Canadian university midwifery education program
 - Ontario Association of Midwives or Canadian Association of Midwives Emergency Skills Workshop (ESW)
 - Society of Obstetricians and Gynecologists of Canada Advances in Labour and Risk Management (ALARM)
 - Managing Obstetrical Risk Efficiently (MORE^{OB})
 - College of Family Physicians of Canada Advances in Life Support in Obstetrics (ALSO)
- **Fetal Health Surveillance (FHS) - every 3 years**
Courses approved by the Council include:
 - Fundamentals of Fetal Health Surveillance Online Self-Learning Manual and Online Exam, administered through the University of British Columbia Continuing Professional Development (UBC CPD) portal. Available at <https://ubccpd.ca/fhs-online-manual>
 - Fundamentals of Fetal Health Surveillance Workshop (in person)
 - Fetal Health Surveillance Refresher Course (prerequisite completion of FHS workshop and exam)
- Midwives are also required to successfully complete the course **Opioids and Benzodiazepines: Safe Prescribing for Midwives** offered through UBC Continuing Professional Development, Faculty of Medicine.

Link to Approved eLearning Program by UBC CPD:

[Opioids and Benzodiazepines: Safe Prescribing for Midwives](#)

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

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

Section 6: 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:

- A photocopy of an official government issued photo identification (driver's licence, passport, photo health card, Nova Scotia Identification Card etc.)
- Criminal record check
- Fees: licensure registration fee

Criminal Record 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.

Criminal Record Checks In-Person 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 with your current address. The address must be within Halifax, Dartmouth or Bedford. Accepted identification: Nova Scotia Driver's licence 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 the Registrar in its original sealed envelope.

Criminal Record Check Online:

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 email 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*.

CHECKLIST FOR INITIAL 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.

CHECKLIST OF ATTACHMENTS TO ACCOMPANY THIS APPLICATION

- a legible copy of photo identification (passport, driver's licence, or other government issued ID)
- Schedule 1 (for applicants with previous other names)
- copy of each degree, diploma or certificate relating to midwifery education as well as CMRE Results
- consent and forms submitted to request Letter of Professional Conduct, from every jurisdiction where you are or have been registered
- copy of registration for each midwifery registration, from every jurisdiction where you are or have been registered
- copy of registration for each professional registration other than midwifery, from every jurisdiction where you are or have been registered
- copy of current certification in Neonatal Resuscitation (NRP)
- copy of current certification in Cardiopulmonary Resuscitation (CPR)
- copy of current certification in Emergency Skills in Obstetrics
- copy of current certification in Fetal Health Surveillance (FHS)
- proof of completion of the approved [UBC CPD course](#) in Opioids and Benzodiazepines: Safe Prescribing for Midwives (required as of April 1, 2017)
- a criminal records check, sent directly to the Registrar, or delivered in its original sealed envelope
- payment of fees: licensure registration fee (See the current *MRCNS Fees Schedule* for more details)

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

Jenny Wright
Registrar, Executive Director

Midwifery Regulatory Council of Nova Scotia
Suite 300-120 Western Parkway
Bedford, NS B4B 0V2

Email: jenny.wright@mrcns.ca
or
registration@mrcns.ca