

**APPLICATION FOR LICENSURE REGISTRATION**

**RENEWAL**



**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:**

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**CLASS OF REGISTRATION**

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*Please select the class of registration for which you are renewing:*

**Active Practising (Clinical)**

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”.

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**CATEGORY OF REGISTRATION**

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*Please select the category in which you are applying:*

**Renewal**

**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 ONLY if your name changes were not listed on your initial registration.**

**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 |
|               |            |             |                             |    |
|               |            |             |                             |    |
|               |            |             |                             |    |
|               |            |             |                             |    |
|               |            |             |                             |    |

## VOLUNTARY SELF IDENTIFICATION

In this section, you can self-identify as Indigenous, African Nova Scotia, a newcomer to Canada or share your ethnicity. As a health regulator we wish to ensure that we are actively promoting diversity and inclusion within the health care system and answering the calls of numerous reports such as the Truth and Reconciliation Report which calls upon *all levels of government to increase the number of Aboriginal professionals working in the healthcare field; ensure the retention of Aboriginal health-care providers in Aboriginal communities; and provide cultural competency training for all health care professionals.*

Please note choosing to self-identify is voluntary. Those who do not wish to provide the information are not obligated to, and there will be no impact on your renewal.

Data collected about Indigenous, African Nova Scotian and other identities may be shared by the College in aggregate form with the Ministry of Health, Health Authorities, Indigenous organisations, other partners, and the public. Individually identifiable data on Indigenous identity will not be disclosed outside of the College, except as may be permitted or required by applicable law or court order.

Do you identify as Indigenous (First Nations, Inuit, Metis)?

- No  
 Yes

If you identify as an Indigenous person, are you:

- First Nations  
 Métis  
 Inuk (Inuit)

If you identify as an Indigenous person, which specific Indigenous nation, community and/or band are you a member of/do you identify with?

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*You may enter the name of more than one nation, community, or band.*

Do you identify as African Nova Scotian ?

- Yes

Are you new to Canada?

- No  
 Yes    If yes, where are you from: \_\_\_\_\_

Which ethnicity do you identify with? \_\_\_\_\_

**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 – 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 active-practising clinical requirements as they apply to you:**

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

- YES  
 NO            If No, how many? \_\_\_\_\_

Have you attended a minimum of 40 births as a primary care midwife<sup>1</sup> 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 midwife<sup>1</sup> in the past year?

- YES  
 NO            If No, how many? \_\_\_\_\_

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

<sup>1</sup> Primary midwife in attendance at a birth is a midwife who, in their practice or as a part of their education program, is the most responsible care provider for a client 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.

**SECTION 4 – 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

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## OPIOIDS AND BENZODIAZEPINES\*

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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 5 – DISCLOSURE OF PAST PROCEEDINGS**

In accordance with Section 5, subsection 3(b) of the *Regulations* for the Midwifery Regulatory Council of Nova Scotia, 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 practise midwifery.

**Please check the box with an “X” for 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 practise   |     |    |
| j) A professional liability insurance claim   |     |    |
| k) A settlement or judgement in any civil lawsuit 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 answered 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.

**NOTE:** If you have already disclosed a previous incident that relates to the disclosure section and you can attest that they are on file with the MRCNS - there is no need to re-submit.



**SECTION 4 – DISCLOSURE OF PAST PROCEEDINGS**

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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 5 – LICENCE RENEWAL FEES AND PAYMENT****Licensure Registration Renewal Fees:**

|                                   |                  |
|-----------------------------------|------------------|
| <b>Active Practising Clinical</b> | <b>\$ 500.00</b> |
|-----------------------------------|------------------|

Please ensure you have completed all sections, signed and submitted all of your documents.

You can send your registration fee payment by Electronic Funds Transfer (EFT) to [info@mrcns.ca](mailto:info@mrcns.ca)

A tax receipt will be provided by email upon transaction confirmation.

**Your licence must be renewed annually before March 1.**

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**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, Nova Scotia  
B4B 0V2

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[registration@mrcns.ca](mailto:registration@mrcns.ca)