

**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 (Non-Clinical)**

In Nova Scotia, the non-clinical practice of midwifery as defined in section 2 (i) of the *Midwifery Act* includes the activities of research, education, consultation, management, administration, regulation, policy or system development related to midwifery.

**Non-Practising**

Non-Practising registration status is utilised by Registered Midwives for a period of parental or educational leave. It is the responsibility of the Registered Midwife to ensure that their credentials for competence are valid prior to returning to an Active Practising Clinical Licence.

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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 – NON-CLINICAL EXPERIENCE

As defined in Nova Scotia *Regulations* section 2 (1) (f), non-clinical practice in relation to practising midwifery, means practice that is limited to research, education, consultation, management, administration, regulations, policy or system development relating to the activities in subclauses (i) to (iv) of the definition of the practice of midwifery in clause 2 (i) of the *Act*.

Fill out this section only if you are renewing your [Active Practising NON-CLINICAL licence](#).

**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 4 – 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 Non-Clinical</b>	<b>\$ 250.00</b>
<b>Non-Practising</b>	<b>\$ 150.00</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

Phone: (902) 455-5867  
Email: [jenny.wright@mrcns.ca](mailto:jenny.wright@mrcns.ca)  
[registration@mrcns.ca](mailto:registration@mrcns.ca)