

Change of Status Verification Form

Please confirm your current profile data:

Legal Name (include aka):	
Registration Number:	
Date of Employment:	
Full time/Part time/Casual:	
Employment Address:	
Registrant Home Address:	
Registrant Cell Phone #:	
Registrant Email:	

Please note any changes below:

Legal Name	
Registration Number:	
Conditions/Restrictions:	
Employer Change:	
Change or End of Employment:	
Name Change:	
Status Change:	

Signature of Registrant

Date Signed

Please email completed form to: office@novascotiamidwives.ca; tlodge@hiroc.com;
midwives@hiroc.com; jenny.wright@mrcns.ca; admin@mrcns.ca