

**APPLICATION FOR ASSESSMENT  
OF ELIGIBILITY  
FOR REGISTRATION AS A MIDWIFE**



215 1935 32 Ave NE  
Calgary, AB T2E 7C8

Phone: 1 (403) 474-3999  
Fax: 1 (403) 474-3990  
www.college-midwives-ab.ca

**INSTRUCTIONS:** Please provide all the information requested. The submission of incomplete forms will delay assessment and registration. (see instruction and example booklet)

**A: Personal Information** (please type or print)

Title:	Surname:	First Name :	Middle Name or initial(s)
Mailing Address	(Street/RR/PO Box)	(City/town)	(Province)
	Email address:	(Postal Code)	(Country)
(Business Phone #):	(Residence Phone #)	(Cell Phone #)	(Fax #)

**Names that appear on Documents** (if different from above) Proof of name change must be provided

Title: (Ms/Mrs./Dr.)	Surname	First Name	Middle Name or initials
1)			
2)			

**File Number:**

**B: Midwifery Examinations/Licensing**

1. Have you ever passed any midwifery examination(s) for the purpose of registration, certification or licensing?    \_\_\_YES    \_\_\_NO

If you answered "YES" to Question 1, please list the examination(s).

A certified copy of documentation that verifies that you have passed the named examination(s) must be attached. (ATTACH TO THIS PAGE PLEASE)

If you list more than one exam, please order them from most recent to most dated.

NAME OF EXAMINATION*	JURISDICTION*: contact name and details	DATE OF EXAM (month/year)	Documents attached
1)			Y   N
2)			Y   N
3)			Y   N

*\*Please note: you may be requested to provide further information*

2. A) Are you currently registered/licensed to practice as a midwife?

\_\_\_YES: please skip to Question 3, page 3.

\_\_\_NO: please continue to Question 2 B).

B) If you answered NO to question 2A, have you ever been registered/licensed to practice as a midwife?

\_\_\_YES: please continue to Question 3, page 3.

\_\_\_NO: please skip to SECTION C page 4.

3. If you answered "YES" to *either* Question 2A or Question 2B on Page 2, please:

- i) List the jurisdiction(s) in which you have/had legal authorization to practice midwifery;
- ii) State the name of the governing agency or organization which gave you the authorization to practice midwifery;
- iii) Have documentation of the authorization to practice midwifery forwarded directly to us by the issuing regulatory body;<sup>i</sup> and
- iv) Have a copy of the scope of practice for which you were registered in the most recent year of your registration forwarded from your regulatory body.

Jurisdiction	Name of Authorizing agency or Organization	Expiry (mm/yy)	Office Use Only		
			Documents attached	Registration Verified	Status Verified
1)			Y N		
2)			Y N		

<sup>1</sup> If this documentation is given to you to be forwarded to us, it must be in a sealed envelope with the signature of an officer of the organization appearing across the seals.

Date Received:	File Number:
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## C: Midwifery Education

Please list all formal midwifery or related education programs you have successfully completed. Include institutional degrees, diplomas, certificates and courses, as well as professional development courses.

**NOTE: Before a final decision can be determined by the College of Midwives of Alberta regarding eligibility for registration as a midwife in Alberta, all internationally trained applicants are required to have their official transcripts verified by an independent Education Assessment Service. We accept assessments from either :**

**The International Qualifications Assessment Service (IQAS) –website - <http://work.alberta.ca/iqas>  
Or World Education Services – website- [www.wes.ca](http://www.wes.ca).**

Please have your documentation forwarded directly from your educational institution to the assessment service in accordance to their requirements, (diploma, certificate, transcripts, etc.) that verifies that you have successfully completed the programs listed. A course by course verification is required.

Graduates of a Recognized Canadian Midwifery program must have the institution forward official documentation as proof of successful completion to the program to the college.

The *MIDWIFERY REGULATION* states satisfactory completion of a program of studies and examination as approved by the Health Disciplines Board is a component of eligibility for registration, as well as satisfaction by the Registration Committee of the College of Midwives that the person has attained a level of competence equivalent to such a program of studies or examination because of directly related training, examinations and practice

- 1. Identification and Verification of Midwifery Education:  
(List of Verification Documents), including those submitted to the assessment service, as appropriate.**

*If you list more than one educational program, please order them from most recent to most dated.*

<b>LIST OF DOCUMENTS SUBMITTED FOR VERIFICATION OF EDUCATION</b>			
<b>Name of Education Activity / Program</b>	<b>Name of Delivering Institution, Agency or person</b>	<b>Document(s) Enclosed (or to be forwarded) to Verify SUCCESSFUL COMPLETION of Education</b>	<b>Name of Referee</b>
1)			
2)			

3)			
4)			
5)			
6)			
7)			

Number of Additional Pages attached:

Total number of Additional Pages Submitted for Section C		Office use only
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## D: Practice Experience

### 1. Summary of Total Births from Practice Experience <sup>1</sup>

a) Total number of Births Attended	
b) For Births Attended in Past Five Years, Please indicate: (see below for definitions)	<b>TOTAL</b>
(1) Number of births you <b>attended</b> in the past ONE (1) year	
a) .... at which you were the principal midwife	
b) ... which involved continuity of care	
(2) Total number of births you attended in past FIVE (5) years	
a).....at which you were the principal midwife	
i)...which took place in an appropriate out-of-hospital setting	
ii) ...which took place in a hospital	
b)...which involved provision of continuity of care	

*\*please note you may be requested to provide further information and/or verification*

<sup>1</sup>One birth may be counted towards meeting more than one requirement, if applicable. (eg. A birth at an appropriate out-of- hospital setting where you were principal and provided continuity of care, could be counted toward the births you need as principal, **as well as** toward the births you need involving continuity of care, **as well as** towards the births you need in an appropriate out-of-hospital setting.)

The College of Midwives of Alberta has established the above criteria as an indicator of maintenance of competence for eligibility of registration in accordance with *the Midwifery Regulation*.

#### DEFINITIONS

**Principal Midwife** is a midwife who assumes primary responsibility for the care of a woman in the intrapartum period. Only one midwife is considered the principal midwife for the intrapartum period for a client except where a supervising midwife has identified a student or restricted midwife as being the principal midwife. In this case, both the supervisor and the restricted/student midwife would be considered the principal midwife.

**Continuity of Care** is the provision of midwifery care to the client by the midwife/group of midwives throughout the childbearing cycle, including prenatal, labour, birth, postpartum and newborn care. Although continuity of care is usually facilitated through a one to one relationship between the midwife and the woman, continuity of care can be provided by a small group of midwives if the woman has the opportunity to establish relationships with all the members of the group, and all members of the group share the care for the woman equally.

A “**group of midwives**” is no more than four midwives.

**Appropriate out-of- hospital settings** include homes, clinics, birth centres and other settings which allow for autonomous midwifery practice.

For those births you did not attend as a principal midwife, please describe below the role(s) you played.

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**2. Identification and Verification of Practice Experience:**  
**(List of Verification Documents)<sup>1</sup>**

Midwifery practice experience may be demonstrated in many different ways (for example, practicum experiences in an educational program).

Please list all of your experiences. If you list more than one, please order them beginning with the most recent.

Use the verification of Practise Experience form to provide evidence of experience. This form must be sent directly to the College from the referee.

(Complete and copy the following page as often as needed to document practice experience)

<sup>1</sup> The *Midwifery Regulation* requires maintenance of competence by actively engaging in the practice of midwifery in accordance with criteria established by the CMA as necessary for eligibility for registration.

**LIST OF DOCUMENTS SUBMITTED FOR VERIFICATION OF PRACTICE EXPERIENCE**

Name of Practice/Employment Site	Address & Phone Number	Role	Duration of practice From mm/yy to mm/yy	Referee Name	Verification Documents	Records available for audit
						Y
						N
						Y
						N
						Y
						N
						Y
						N

Date Received:

File Number:



**2. Details of Practice Experience for Past Five Years**

(copy page as needed to complete details for required practice experience)

Out of Hosp.	In Hosp.	Cont. of Care	Principal Midwife	Birth Outcome	Client Identifier	Date	
							1
							2
							3
							4
							5
							6

## E. Additional Documentation Required

### 1. Required Certification<sup>1</sup>

Please attach:

Proof of Current CPR Certification:	Date Issued: _____ dd/mm/yy	Proof attached: (initials)
Proof of Current Neonatal Resuscitation Certification:	Date Issued: _____ dd/mm/yy	Proof attached: (initials)
Proof of Emergency Skills Program Certification	Date Issued: _____ dd/mm/yy	Proof attached: (initials)
Proof of Fetal Health Surveillance Certification	Date Issued: _____ dd/mm/yy	Proof attached: (initials)

### 2. Character Declaration<sup>2</sup>

Please have two (2) separate referees complete the enclosed character declarations (x2) and have them forwarded directly to :

**Registrar, College of Midwives of Alberta**  
**215 1935 32 Ave NE**  
**Calgary, Alberta, Canada**  
**T2E 7C8**

Declaration 1:	Name: _____	Received (initials)
Declaration 2	Name: _____	Received (initials)

### 3. Criminal Record Check

Please provide a criminal record check completed within one year of application from your local authorities.

<sup>1</sup> Certification in emergency procedures is a requirement of registration. The Standards of Competency and Practice requires that midwives have certification in cardiopulmonary resuscitation to a minimum level of the American Heart Association's Basic Provider or equivalent, successful completion of the Canadian Pediatric Society Neonatal Resuscitation Program and an Acceptable Emergency Skills program (Canadian or provincial ESW, ALARM or ALSO)

<sup>2</sup> The Health Disciplines Act requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health discipline.



**CHARACTER DECLARATION**

215 1935 32 Ave NE  
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 Phone: 1 (403) 474-3999  
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*Section 9(1) (b) of Alberta's Health Disciplines Act requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health discipline (in this case midwifery).*

This character declaration is on behalf of

Surname	First Name	Middle Initial(s)
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who is applying for registration as a Midwife in accordance with requirements in the Health Disciplines Act and Midwifery Regulation.

I have known the above named person for \_\_\_\_\_ years.

Describe how you know the person named above. If you need more space, attach a separate sheet.

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Declaration: I (print name) \_\_\_\_\_, the Undersigned, Declare that I am not a family relative of the person named above, and that I consider this person to be of good character and reputation.

Date	signature
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Please print your name, mailing address, telephone numbers and occupation:

Surname	First Name	Middle Initial(s)
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Mailing Address	City	Province	Country	Postal Code
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Phone # (s)	occupation
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# CHARACTER DECLARATION



College of  
**Midwives**  
of Alberta

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---

Date	signature
------	-----------

Please print your name, mailing address, telephone numbers and occupation:

---

Surname	First Name	Middle Initial(s)
---------	------------	-------------------

---

Mailing Address	City	Province	Country	Postal Code
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Phone # (s)	occupation
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## F. Personal / Professional Conduct Declarations

The following questions are to be answered "Yes" or "No". If you answer "Yes" to any question, you must provide details by attaching a(n) additional page(s) to this declaration. Please use the question number as a reference in your notes.

- a. In Alberta or any other jurisdiction, in relation to midwifery or to any other profession, are you or your care the subject of, or have you or your care ever been the subject of:
- (i) a finding of professional misconduct, incompetence or incapacity, by a regulatory body or by a professional association undertaking self-regulating responsibility?  Yes  No
  - (ii) a current proceeding in relation to professional misconduct, incompetence, or incapacity, by a regulatory body or by a professional association undertaking self-regulating responsibility?  Yes  No
  - (iii) any previous, present or pending suspension or revocation involving professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility?  Yes  No
  - (iv) any previous, present or pending attachment of conditions or limitations on your professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility?  Yes  No
  - (v) any previous, present or pending inquest proceedings or verdicts?  Yes  No
  - (vi) any previous, present or pending professional liability insurance claims or settlements?  Yes  No
  - (vii) any previous, present or pending settlements or judgments in any civil law suits?  Yes  No
- b. In Alberta or in any other jurisdiction, have you ever been found guilty of:
- (viii) a criminal offense or any other offense relevant to your suitability to practice midwifery?  Yes  No
  - (ix) an offense under the Narcotic Control Act (Canada) or the Food and Drugs Act (Canada) or similar Acts in another jurisdiction?  Yes  No
- c. Have you ever been refused registration or licensure by a licensing body or membership by a professional association that undertakes self-regulatory responsibility in Alberta or in any other jurisdiction in relation to midwifery or any other profession?  Yes  No
- d. Do you have any illness or disability which could affect your ability to practice midwifery competently?  Yes  No
- e. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct?  Yes  No

## G. Language Requirement

The Standards of Competency and Practice requires that midwives have knowledge of terminology relevant to childbearing and have the ability to communicate effectively with other caregivers.

(a) Is English your first language?

\_\_\_\_\_ Yes: please go to Section I. \_\_\_\_\_ No: please go to (b)

(b) If English is not your first language, have you completed the TOEFL (Test of English as a Foreign Language: [www.toefl.org](http://www.toefl.org)) or the IELTS (International English Language Testing System – Academic: [www.ielts.org](http://www.ielts.org))?

\_\_\_\_\_ Yes      Date of Completion: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(dd/mm/yy)

What was your score on the TOEFL \_\_\_\_\_ or IELTS \_\_\_\_\_?

Please attach a notarized copy of a document which verifies your score.

Received \_\_\_\_\_  
(initials)

\_\_\_\_\_ No: please go to (c)

(c) If you have not completed either of the above English Language Assessments, please submit alternative verification of English Competency.

List Document(s) attached to Verify English Competency

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1 Received \_\_\_\_\_  
(initials)

2 Received \_\_\_\_\_  
(initials)

3 Received \_\_\_\_\_  
(initials)

## H. Payment of Application Fee: \$1500CAD

Amount Enclosed	Payment Type & number

The \$1500.00 CAD application fee must be paid by money order made payable to the College of Midwives of Alberta. Applications are not considered until all forms and supporting documentation are received by the College. The submission of incomplete forms will delay assessment and therefore registration.

Upon successful completion of the review of your application you would be deemed **eligible** for registration (restricted or full) with the College of Midwives. In order to be registered and begin practicing you will be required to become a member of the Alberta Association of Midwives ([www.alberta-midwives.com](http://www.alberta-midwives.com)), show proof of Midwifery Liability Insurance and pay the annual CMA Registration fee. All new midwives in Alberta are required to practise within an established Midwifery Practice<sup>3</sup> for their first year.

Please note: the College of Midwives of Alberta does not arrange Practice Sites for new Midwives. Lists of Practicing midwives are available on the Association of Midwives website: [www.alberta-midwives.com/](http://www.alberta-midwives.com/)

*NOTE: Liability insurance is a requirement of registration – you may have insurance from another jurisdiction. If you will not be obtaining liability insurance until such time as you have been deemed eligible for registration, proof of coverage will need to be forwarded to the College prior to the College granting registration. If you have coverage for practice in Alberta proof should be included in your application.*

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To be considered established a midwifery practice must meet all the following requirements:

1. Has at least one midwife who has been funded in Alberta for at least one year.
2. Has at least one midwife who has practised in the current geographical location in Alberta for at least one year.
3. Has at least one midwife who has been practising without restrictions or new registrant conditions for at least forty (40) births. This is the equivalent of one year of full time practice.
4. Has at least one midwife who has hospital privileges in the geographical area where the midwife is currently practising for at least one year and whose privileges are in good standing.

## I. Declaration

Please complete the following declaration:

I, (print name) \_\_\_\_\_, the UNDERSIGNED, authorize the College of Midwives of Alberta to carry out the procedures necessary for the evaluation of my file. This includes making copies of my records for the purpose of assessment and/or contacting institutions, agencies, organizations or persons stated in this Application who have provided verification of my Education and Practice Experience. I ATTEST THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT DOCUMENTS HAVE NOT BEEN CHANGED OR ALTERED IN ANY WAY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Applicants Signature (do not print)

Completed Application and payment must be forwarded to:

Registrar, College of Midwives of Alberta  
215 1935 32 Ave NE  
Calgary, Alberta, Canada  
T2E 7C8

Please provide a photo ID: Passport size photo is appropriate

