



APPLICATION FOR REGISTRATION

Title (Ms./Mrs./Dr)	Surname	First Name or Initial(s)	Middle Name or Initial(s)	
CURRENT MAILING ADDRESS :				
(Street/R.R./P.O Box)		(City/Town)	(Province)	(Country)
(Postal Code)	(Primary Phone Number)	(Alternate Phone Number)	(Fax)	(Pager)
(E-Mail)				
By Which Name Do You Wish Documents To Be Addressed?				

Please also provide an electronic (jpeg) photo for your photo ID by email.

NAME OF MIDWIFERY PRACTICE : (SEE FIRST YEAR REQUIREMENTS and/or SUPERVISION DOCUMENTS) :				
Please Provide Contact Information to be Available to the Public On the Midwifery Register:				
Name:				
(Street/R.R./P.O Box)		(City/Town)	(Province)	(Postal Code)
(if no address is provided here, your MAILING ADDRESS will be publicly accessible)				

For OFFICE USE ONLY:		
Period of Registration:	Date Issued:	Valid until December 31 _____
Registration Issued: _____ FULL _____ NEW REGISTRANT _____ RESTRICTED _____ TEMPORARY		
Registration No.		
R		

1. Documentation Required (for Initial registration)

		Office Use Only
Proof of Current CPR Certification (within two years)	Date Issued: _____	Verified? Yes No
Proof of Current Neonatal Resuscitation Certification (within one year)	Date Issued: _____	Verified? Yes No
Proof of Current Emergency Skills Workshop Certification (within two years)	Date Issued: _____	Verified? Yes No
Proof of Current B.C. Fetal Health Surveillance Course completion (within two years) *(required effective Jan 2016)	Date Completed: _____	Verified? Yes No
Criminal Record Check (within one year)	Date competed: _____	Verified? Yes No

2. Practice Requirements

Please provide your numbers for any past registered or student practice in the boxes below:

(A) Registration Years (indicate student(s)/restricted(r) /general(g))	(B) Total Number of Births Attended as a Midwife	...Of the Total Births		...Of the Births as Principal Midwife (E+F=D)	
		(C) Involved Continuity of Care	(D) Number as Principal Midwife	(E) Number in Appropriate Out of Hospital Setting	(F) Number in Hospital
TOTAL FOR PAST 2 YEARS					
TOTAL FOR PAST 5 YEARS					

Past Two Year (required #s)	10	10	10		
Total Past Five Years (req'd#s)	60	30	40	10	10



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



IN ORDER TO BE REGISTERED AS A MIDWIFE IN ALBERTA, YOU MUST HAVE COMPLETED ONE OF THE FOLLOWING: PLEASE INDICATE WHICH APPLIES AND PROVIDE VERIFYING DOCUMENTATION:

1) ____ GRADUATE OF AN APPROVED CANADIAN MIDWIFERY PROGRAM:

- Provide copy of transcript or degree and CMRE results report

2) ____ APPLICATION ACCORDING TO THE RECIPROCITY AGREEMENT:

- Provide letter of good standing from Provincial Registration Authority

OR

3) ____ COMPLETED THE ALBERTA PLEA PROCESS (Internationally trained)

<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;">Amount Enclosed</p> <p style="margin: 0;">\$</p> </div>	<p>Registration fees: \$2750 full year</p> <p>Registrations for partial years starting:</p> <p style="padding-left: 40px;">April - \$2100</p> <p style="padding-left: 40px;">July - \$1400</p> <p style="padding-left: 40px;">Oct - \$700</p> <p>Fees must be paid by cheque or money order in Canadian funds - payable to</p> <p style="padding-left: 40px;">College of Midwives of Alberta.</p>
<p>The registration must be completed in its entirety and signed. Otherwise, it may be returned and will delay registration.</p> <p>I confirm that all the information I have provided in this application and declaration is true and correct.</p>	
<p>_____</p> <p>REGISTRANT'S SIGNATURE (do not print)</p>	<p>_____</p> <p>DATE</p>

Forward Completed Registration Form to:

Registrar : College of Midwives of Alberta
215 1935 – 32 Ave NE
Calgary, Alberta, T2E 7C8
Phone: (403) 474-3999 Fax: (403) 474-3990

OFFICE USE ONLY	
DATE VERIFIED:	ENTERED BY:

