



Newfoundland and Labrador Council of Health Professionals  
 209 Blackmarsh Road, St. John's NL A1E 1T1  
 709-745-7304 or 1-855-863-8616 [contact@nlchp.ca](mailto:contact@nlchp.ca) [www.nlchp.ca](http://www.nlchp.ca)

## Midwifery Registration Form (Initial)

**Please Print**

### A. PERSONAL INFORMATION

1. Name: \_\_\_\_\_ Gender:  M  F  
Last Name/First Name/Initial (Optional)

Mailing: \_\_\_\_\_  
 Address Street PO Box City / Town Province Postal Code

Phone Number: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day Month Year

2. Are you a Canadian citizen?  Yes  No  
 If no, please provide documentation to support ability to work in Canada.

\_\_\_\_\_

\_\_\_\_\_

3. Are you a landed immigrant:  Yes  No

4. Was your training as a health professional in English?  Yes  No

If no, please provide certified documentation of completed scores in the International English Language Testing System (IELTS) or the Test of English as a Foreign Language (TOEFL).

If you currently document your client records in a language other than English, please ATTACH a written plan as to how you will communicate the content of the record to the client or other third party as required.

5. Date last successfully completed the following:

Cardio-Pulmonary Resuscitation: \_\_\_\_\_

Neonatal Resuscitation Program: \_\_\_\_\_

Emergency Skills (midwifery or obstetrical): \_\_\_\_\_



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Fetal Health Surveillance Antepartum and Intrapartum: \_\_\_\_\_

Any Midwifery Advanced Skills programs  
 (List on separate page) \_\_\_\_\_

Please include notarized copies of certificates as verification of the above.

**B. EMPLOYMENT INFORMATION**

6. Are you currently working as a Midwife? Yes  No   
 If yes, please complete the following section:

**Place of Employment:** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_

Address: \_\_\_\_\_  
 Street/ PO Box City/Town Prov. Postal Code

7. Are you employed anywhere else as a Midwife?  
 Yes  No If yes, please complete the following section:

**2<sup>nd</sup> Place of Employment:** \_\_\_\_\_

Address: \_\_\_\_\_  
 Street /PO Box City / Town Prov. Postal Code

8. Are you currently, or have you ever been, registered or licensed to practice your health profession in another jurisdiction?  Yes  No  
 If yes, please provide the following details:

Jurisdiction: \_\_\_\_\_ Date of Initial Registration: \_\_\_\_\_  
 Province (D/M/Y)

Currently Registered: \_\_\_\_\_ Regulatory Body: \_\_\_\_\_

If you are/or were registered in more than one jurisdiction, please attach on a separate sheet the information requested in question 3.

**Please note** that a Letter of Good Standing is required from each jurisdiction in which you are currently or HAVE EVER been registered. This letter must confirm whether or not you are in good standing as well as whether or not you have ever been the subject of investigative or disciplinary proceedings and the particulars of those proceedings. Request from the Registrar of the current jurisdiction to send the "Letter of Good Standing" directly to the Registrar, Newfoundland and Labrador Council of Health Professionals (NLCHP).



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**C. CONSENT TO RELEASE OF INFORMATION**

It may be necessary for the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact your employer, educational institution, regulatory body in another jurisdiction in which you are (or were) registered or other individual, company or institution, in order to confirm, clarify the information you have provided in your registration application or obtain other information that may be necessary to process and/or assess your registration application. By signing the following consent statement, you agree that the NLCHP may perform these activities. The NLCHP will not access additional information about you unless it is necessary to do so in order to process or assess your registration application. Additionally, as maintaining membership in the College of Midwives of Newfoundland and Labrador (CMNL) is a requirement of registration, the NLCHP may be required to use information on file to confirm membership in CMNL.

Consent Statement:

I, \_\_\_\_\_ provide my consent to the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact any individual, company, or institution to access and/or obtain any personal information about me that the NLCHP may require to process or assess my registration application. I further provide my consent to any individual, company, or institution to release my personal information to the NLCHP in response to a request for information from the NLCHP.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please indicate by checking **Yes** or **No** if you are willing for the NLCHP to release your name and address including email address to:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Institutions conducting research                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| College of Midwives of Newfoundland and Labrador | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**D. INSURANCE**

The *Health Professions Act* requires all health professionals registered under the Act to maintain a professional liability insurance policy. Professional Liability Insurance (PLI) for Midwives working in Newfoundland and Labrador (NL) can be purchased through the NLCHP as a subscriber with the Health Insurance Reciprocal of Canada (HIROC) with a separate application.

Health Insurance Reciprocal of Canada (HIROC)	Other: _____
Policy # _____ Expiry: _____	Policy # _____ Expiry: _____

Minimum requirement for Midwives \$15, 000,000

NLCHP –HIROC application completed with this application.



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**E. REGISTRATION CATEGORY**

**Please complete only the registration category that applies to you:**

1. **General Status:** You have completed a Midwifery Education Program (MEP), approved by the College of Midwives of Newfoundland and Labrador (CMNL) and have successfully passed the Canadian Midwifery Registration Exam (CMRE) or equivalent exam approved by the CMNL.
  
2. **General Status (Temporary):** You have completed a Midwifery Education Program (MEP) approved by the College of Midwives of Newfoundland and Labrador (CMNL) and have either written the CMRE and not yet received your results or you are currently accepted to write the CMRE or equivalent exam approved by the CMNL.

**On-Line Jurisprudence and Personal Health Information Act (PHIA) Education Courses:**

Individuals applying for initial registration in Newfoundland and Labrador are required to complete (3) on-line education modules within 90 days prior to receipt of this application. On-line modules can be accessed on the NLCHP website: [www.nlchp.ca](http://www.nlchp.ca), under *Education/Resources* tab.

Education modules to be completed are Jurisprudence Education for Midwives and the Personal Health Information Act (PHIA) education courses: (a) Custodian-Direct Contact with Personal Health Information and (b) Direct Contact with Personal Health Information. You are required to submit certificates of completion with your application.

*Please note this is a mandatory requirement of all initial registrations, see **Policy – Registration Process and Timelines** ([www.nlchp.ca/members/policies](http://www.nlchp.ca/members/policies)).*

**F 1. GENERAL STATUS**

Midwifery Education:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Program successfully completed: \_\_\_\_\_ Year graduated: \_\_\_\_\_

When did you pass the Canadian Midwife Registration Exam (CMRE) or other qualification approved by the CMNL? \_\_\_\_\_ (D/M/Y)



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If applicable - details of successful completion of a bridging program approved by the College of Midwives of Newfoundland and Labrador (CMNL) \_\_\_\_\_

**Please ensure the following documents, where applicable, have been included with your application:**

- Certified copies of successful completion of the Canadian Midwifery Registration Exam (CMRE) or equivalent acceptable to the CMNL.
- Certified copy of successful completion of a midwifery education program and if applicable re-entry/bridging program or Prior Learning Education Assessment (PLEA) as approved by the CMNL.
- Please provide a copy of your hours of midwifery practice and number of births attended as a primary midwife each year in the immediate past four years.**
- Certified copies of updated required skills referring in section A. 6.
- Have completed an application for professional liability insurance (PLI) through the NLCHP for HIROC and/or forwarded the insurance certificate from HIROC or another agency as proof.
- Items following in Section G of this application form.
- If you were, or have been registered/licensed to practice Midwifery in another jurisdiction(s) proof that the "Letter of Good Standing" has been requested from the current Registrar(s) to be sent to the NLCHP:  
**The Registrar**  
**Newfoundland and Labrador Council of Health Professionals**  
**209 Blackmarsh Road**  
**St. John's, NL A1E 1T1**
- On-line Jurisprudence and PHIA education certificates of completion.

**2. GENERAL STATUS (TEMPORARY)**

Midwifery Education:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Program completed: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Have you written the Canadian Midwifery Registration Exam (CMRE) or equivalent exam approved by the CMNL?  Yes  No

If yes, on what date did you write the examination? \_\_\_\_\_



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(D/M/Y)

If no, on what date are you scheduled to write the examination? \_\_\_\_\_  
(D/M/Y)

**Please Note:**

General Status (Temporary) registrants **MUST** be supervised as a condition of registration. Prior to commencing employment, the registrant will be contacted by NLCHP. The Registrar will work with the registrant and the designated employer (if required) to confirm a practice supervisor prior to approval of your registration. (See CMNL Supervision Policy).

Employer: \_\_\_\_\_ Start date: \_\_\_\_\_

**Please ensure the following documents, where applicable, have been included with your application:**

- Certified copy of successful completion of a midwifery education program and where applicable re-entry/bridging program or Prior Learning Education Assessment (PLEA) as approved by the CMNL.
- Certified copies of updated required skills referring in section A. 6.
- Have completed an application for professional liability insurance (PLI) through the NLCHP for HIROC and/or forwarded the insurance certificate from HIROC or another agency as proof.
- Items following in Section G of this Application.
- If you were or have been registered/licensed to practice Midwifery in another jurisdiction(s) proof that the "Letter of Good Standing" has been requested from the current Registrar(s) to be sent to the NLCHP Registrar. **The Registrar**  
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**F. FEES (REGISTRATION-MEMBERSHIP YEAR JAN 1-DEC 31)**

**College of Midwives of Newfoundland and Labrador (CMNL) \$500**  
 CMNL

**Registration Fees for the NLCHP for are as follows:**

Initial processing fee (one time) \$60  
 Annual NLCHP Registration Fee \$350

**Other Fees:**

Processing a returned (NSF) cheque \$50  
 Issuing a duplicate copy of any certificate or receipt \$25

**Make cheque or money order for both fees payable to Newfoundland and Labrador Council of Health Professionals (NLCHP)**

I have included a  cheque  money order(s) for the sum of \$\_\_\_\_\_

Payment by Credit Card for the sum of \$\_\_\_\_\_  VISA  MasterCard  
 Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

I hereby authorize payment to the Newfoundland and Labrador Council of Health Professionals.

Signed: \_\_\_\_\_

**Applications received without payments and/or credit card information will not be processed until payment is received.**

**G. OTHER REQUIRED INFORMATION**

Please ensure that the following documents are included with your application:

- Criminal Record Check (***dated within 90 days of application***);
- Vulnerable Sector Check (***dated within 90 days of application***);
- Certified copy of government issued photo identification (driver's license or passport);
- Cheque or money order for all fees including the NLCHP registration the CMNL membership fees;
- Proof of professional liability insurance.



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**H. DECLARATION AND SIGNATURE**

*The following declaration must be completed by all applicants:*

**I hereby apply for registration under the *Health Professions Act* and I declare that the information I have provided is true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_