



APPLICATION FOR RETURN TO PRACTICE

Registrant's Name

Registration Number

Personal Contact: Please confirm that your personal contact information on file with CMBC is correct by signing into your account on the [CMBC website](#) and updating as necessary.

I am applying for return to practice in the class of registration as indicated below and understand that I am responsible for obtaining professional liability insurance through MABC:

- General
 Temporary
 Temporary (limited scope)
 Conditional (Return to Practice)

Effective Date: _____ (dd/mm/yyyy)

For Temporary classes, please enter an end date: _____ (dd/mm/yyyy)

Practice Contact Information

Practice Name: _____

Practice Address: _____

Practice Telephone: _____ Practice Fax: _____

Payment (please select one of the following):

- I will pay the applicable fee adjustment to make up the full registration fee and the change of registration class fee online by credit card through my account on the CMBC website; or
 I attach or will send a cheque covering the applicable fee adjustment to make up the full registration fee and the change of registration class fee.

I attach or will submit:

- proof of my current NRP, CPR and Emergency Skills certifications; and
 certificate of completion for the *Opioids and Benzodiazepines: Safe Prescribing for Midwives* course (if applicable)

Hospital Privileges

- There will be no change to my hospital privileges. **OR**
 My hospital privileges will change or have changed:

I currently hold hospital privilege(s) at (include all existing and new sites):

Hospital(s) :

Category of Privileges¹:

I am currently applying for hospital privilege(s) at (include all sites):

Hospital(s):

Category of Privileges¹:

Home Birth Transport Plan

- I will continue to use the home birth transport plan(s) currently on file with CMBC after my return to practice; **OR**
 I will be using or establishing a new home birth transport plan after my return to practice. **Please check one or both of the following where applicable:**
 - I already have been granted privileges at the hospital(s) for which I will be using the new home birth transport plan(s) and I will submit a copy of the home birth transport plan(s) to CMBC within two weeks from the effective date of my return to practice.
 - I will submit a copy of the home birth transport plan(s) to CMBC within two weeks of being granted privileges at the hospital(s).

¹ Categories: Active, Associate, Locum, Provisional Active, Scientific/Research or Temporary privileges.

1. I hereby attest that I am in compliance with:

- the *Health Professions Act (HPA)*, the *Midwives Regulation*, the CMBC bylaws, and the CMBC standards of practice and standards of professional ethics; and
- any terms, limits or conditions imposed under sections 20, 32.2, 32.3, 33, 35, 36, 37.1, 38, 39 or 39.1 of the *HPA*.

2. Disclosure of Past Proceedings

I attest to the truth of the following disclosures and, where applicable, the summary that I have attached to this application.

In order for you to renew your registration with the College of Midwives of British Columbia, the College requires you to disclose information that relates to you and your practice of midwifery, or is otherwise relevant to the safe and ethical practice of midwifery, regardless of where the event took place, excluding only information that you have already disclosed in a previous application for registration with the College of Midwives of British Columbia.

Do any of the following situations or circumstances that you have not disclosed in a previous application to the College apply to you?

- i) Yes No a finding of professional misconduct, incompetence or incapacity by a regulatory authority²,
- ii) Yes No an investigation in process with a regulatory authority,
- iii) Yes No a reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint,
- iv) Yes No an agreement to an undertaking made by consent with a regulatory authority,
- v) Yes No a dismissal for cause by an employer,
- vi) Yes No a denial of registration by a regulatory authority,
- vii) Yes No a voluntary resignation of your registration on the request or advice of a regulatory authority,
- viii) Yes No any verdict and recommendations of a coroner's investigation, coroner's inquiry or coroner's inquest,
- ix) Yes No a coroner's investigation, inquiry or inquest that is in process,
- x) Yes No a denial of, suspension or restriction (or modification) of hospital admitting privileges or permit to practice,
- xi) Yes No a voluntary resignation of your hospital privileges on the request or advice of a hospital/health authority administration,
- xii) Yes No a professional liability insurance claim,
- xiii) Yes No any pending civil/criminal action, a notice of claim, and/or settlement or judgement in any civil/criminal law suit where the applicant is a party,
- xiv) Yes No convictions in relation to any federal or provincial offence, and
- xv) Yes No a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs ability to practice midwifery.

If you checked Yes to any of the above, list on a separate piece of paper all incidents that relate to the relevant disclosure requirement. Include the nature of complaint or incident, the date of the incident, names and addresses of institutions, agencies or professional organisations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable, include a comprehensive summary addressing the ways in which any deficits in ethics, clinical practice or preparation revealed by the matters disclosed have been remedied.

Failure to disclose any information of any previous, present, or pending matter may result in your application being rejected or revocation of your certificate to practise.

- I understand that several agencies in BC also require certain personal information about me after I am registered. I therefore authorise the College to disclose my personal information, usually limited to my date of birth and gender, to those agencies. These agencies include but are not limited to relevant departments dealing with province-wide perinatal programs at Children's and Women's Health Centre, C.H. Wills Newborn Screening Laboratory, LifeLabs, Health Insurance BC, Ministry of Finance and Corporate Relations (Risk Management), Lower Mainland Labs Call Centre, Ministry of Health (Provider Registry System), Pharmacare, the Vital Statistics Agency and the Health Authorities.

- I declare that I am the person making application for return to practice as a midwife in the Province of British Columbia. I have read, understood and signed the application to which this declaration is attached.

- I hereby declare that the information contained in the application is true and complete to the best of my knowledge and belief.

Registrant's Name (please print)

Registrant's Signature

² "Regulatory authority" means a regulatory college, professional association or governmental body that regulates a profession.