

**APPLICATION FOR RETURN TO PRACTICE**

\_\_\_\_\_,  
*Registrant's Name*

\_\_\_\_\_  
*Registration Number*

**Personal Contact:** Please confirm that your personal contact information on file with BCCNM is correct by signing into your account on the [BCCNM 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:**

- Practising                       Practising (with limited scope)                       Provisional

**Effective Date:** \_\_\_\_\_ (dd/mm/yyyy)

**Practice Contact Information**

Practice Name: \_\_\_\_\_

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

Practice Telephone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

**Payment**

- I will pay the application fee for return to practice and the registration fee by credit card through my account on the BCCNM website once I receive an email notification about payment.

***I attach or will submit:***

- proof of my current CPR, Emergency Skills, FHS and NRP 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 Privileges<sup>1</sup>: \_\_\_\_\_

\_\_\_\_\_

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

Hospital(s): \_\_\_\_\_ Category of Privileges<sup>1</sup>: \_\_\_\_\_

\_\_\_\_\_

**Home Birth Transport Plan**

- I will continue to use the home birth transport plan(s) currently on file with BCCNM 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 BCCNM 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 BCCNM within two weeks of being granted privileges at the hospital(s).

<sup>1</sup> 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 BCCNM bylaws, 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.

To apply for return to practice, you are required 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 BC College of Nurses and Midwives.

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

- i)  Yes  No a finding of professional misconduct, incompetence or incapacity by a regulatory authority<sup>2</sup>,
- ii)  Yes  No an investigation in progress 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 registration on the request or advice of a regulatory authority,
- viii)  Yes  No any verdict and recommendations of a coroner's investigation, inquiry or inquest,
- ix)  Yes  No a coroner's investigation, inquiry or inquest in progress,
- x)  Yes  No a denial, suspension, restriction or modification of hospital admitting privileges or a permit to practice,
- xi)  Yes  No a voluntary resignation of hospital privileges on the request or advice of a hospital or health authority administration,
- xii)  Yes  No a professional liability insurance claim,
- xiii)  Yes  No any pending civil or criminal action, notice of claim or settlement or judgement in any civil or criminal proceeding to which you are a party,
- xiv)  Yes  No a conviction for any federal or provincial offence,
- xv)  Yes  No a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs your 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 individuals, institutions, agencies or professional organizations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also where applicable include a comprehensive summary addressing what you learned and 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 BCCNM 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 Practising or Provisional 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*

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