

Application for Resignation of Registration

PART A — Personal information

Last name: _____ First name: _____
Middle name: _____ Former name(s) if applicable: _____
Date of birth (mm/dd/yy): _____ BCCNM ID: _____
Address (Apt/Box/#/Street): _____ City/town: _____
Province/State: _____ Country: _____ Postal code/zip code: _____
Home tel: _____ Cell: _____ Email: _____

Part B — Resigning registration

I am resigning my registration with the BC College of Nurses and Midwives (BCCNM) effective (dd/mm/yy): _____

I understand that:

- As of the effective date I can no longer practice midwifery, any restricted activities or otherwise, as specified in the Midwives Regulation, in the Province of British Columbia;
- I may no longer use the title “midwife” or “registered midwife” or the abbreviation “RM” in British Columbia;
- I have liability coverage for my acts prior to resignation; and
- Before I will be allowed to practice midwifery in the Province of British Columbia again, I must apply and meet the requirements for reinstatement of registration with BCCNM.

The reason I am resigning my registration with BCCNM is:

- Retirement
- I am registering as a midwife in another Canadian province or territory
- Other: _____

In order to complete the resignation of my registration with BCCNM, I have attached:

- My photo identification card (if applicable)
- A copy of my resignation notification to my practice (if applicable)
- A copy of my letter resigning hospital privileges (if applicable)

Part C — Client records

Bylaw 193(1): A registrant who ceases to practice for any reason must dispose of personal information in accordance with section 192(a), notify the college, and provide the college with a written summary of the steps he or she has taken to dispose of the personal information.

Bylaw 192(a): A registrant must dispose of a record of midwifery care only by transferring the record safely and securely (i) to another registrant in a class established in section 134, (ii) with the consent of the client, to another health care practitioner or a health care agency, or (iii) to a person retained by the transferring registrant to act on that registrant’s behalf to store records in a manner that is secure and provides reasonable access for the duration of time set in section 191(1).

My client records will be stored at: _____
and can be accessed by contacting: _____