Name: _____

Midwifery Regulatory Council of Nova Scotia

Clinical License Renewal Form

SECTION 1 – PERSONAL INFORMATION

Last name: _____

First name: _____ Middle name(s): _____

Home address: _____

_____

_____ Postal code: _____

Mailing address (if different from above) _____

_____

_____ Postal code: _____

Telephone: _____ _____

Home Work

_____ _____

Cell Pager

Email (mandatory) _____

Fax _____

Name: _____

VOLUNTARY SELF IDENTIFICATON

In this section you can self-identify as Indigenous, African Nova Scotia, a newcomer to Canada or share your ethnicity. As a health regulator we wish to ensure that we are actively promoting diversity and inclusion within the health care system and answering the calls of numerous reports such as the Truth and Reconciliation Report which calls upon *all levels of government to increase the number of Aboriginal professionals working in the health care field; ensure the retention of Aboriginal health-care providers in Aboriginal communities; and provide cultural competency training for all health care professionals.*

Please note choosing to self-identify is voluntary. Those who do not wish to provide the information are not obligated to, and there will be no impact on your renewal.

Data collected about Indigenous, African Nova Scotian and other identities may be shared by the College in aggregate form with the Ministry of Health, Health Authorities, Indigenous organizations, other partners, and the public. Individually identifiable data on Indigenous identity will not be disclosed outside of the College, except as may be permitted or required by applicable law or court order.

Do you identify as Indigenous (First Nations, Inuit, Metis)?

◯ Yes

If you identify as an Indigenous person, are you:

◯ First Nations
◯ Métis
◯ Inuk (Inuit)

If you identify as an Indigenous person, which specific Indigenous nation, community and/or band are you a member of/do you identify with?

You may enter the name of more than one nation, community, or band.

Do you identify as African Nova Scotian? ◯ Yes

Are you a newcomer to Canada? ◯ Yes From? _____

Which ethnicity do you identify with? _____

SECTION 2 - CLINICAL EXPERIENCE

The clinical practice of midwifery, as defined in Nova Scotia Regulation, section 2 (1) (d) means the provision of antepartum, intrapartum, postpartum, and newborn care as a primary care provider. As a primary care provider, the midwife has primary responsibility for clinical decisions and the management of care. The practice of midwifery as defined in the Act, section 2(i), includes the provision of care "either within or outside of a hospital setting".

Name: _____

Please check all of the following clinical requirements as they apply to you:

Have you completed 1,125 hours in the clinical practice of midwifery, as defined above, within the past 5 years?

☐ Yes ☐ No

If no, how many? _____

Have you attended a minimum of 40 births as a primary care midwife[1] in the past 5 years?

☐ Yes ☐ No

If no, how many? _____

Do you have at least 450 hours in the clinical practice of midwifery in the past year?

☐ Yes ☐ No

If no, how many? _____

Have you attended a minimum of 12 births as a primary care midwife[1] in the past year?

☐ Yes ☐ No

If no, how many? _____

Please complete and attach Schedule 1 to provide details about your clinical experience.

Note: [1] Primary midwife in attendance at a birth is a midwife who, in her practice or as a part of her education program, is the most responsible care provider for a client during the intrapartum period. Such responsibility would normally include conducting the delivery of the newborn and managing the third stage of labour, unless there were clinical indications for transferring care to a physician.

SECTION 3 - CONTINUING COMPETENCIES: NEONATAL RESUSCITATION, CARDIOPULMONARY RESUSCITATION, EMERGENCY SKILLS AND CONTROLLED DRUGS AND SUBSTANCES

a) What is the date of your most recent certification in neonatal resuscitation, including endotracheal intubation?

_____ _____

month/day/year certifying organization

b) What is the date of your most recent certification in cardiopulmonary resuscitation, (BLS for Healthcare Providers, Level C)?

_____ _____

month/day/year certifying organization

c) What is the date of your most recent certification in Emergency Skills?

_____ _____

Name: _____

month/day/year certifying organization

d) What is the date of your completion of *Opioids and Benzodiazepines: Safe Prescribing for Midwives**

_____

month/day/year

⚪ *Please attach one copy of your most recent certifications in each of: NRP, CPR, and ES*

*Offered through UBC Continuing Professional Development, Faculty of Medicine

SECTION 4 - DISCLOSURE OF PAST PROCEEDINGS

In accordance with Section 5, subsection 3(b) of the Regulations for the Midwifery Regulatory Council of NS, to apply for registration you must disclose all information that relates to you and the practice of midwifery or is otherwise relevant to your ability to practice midwifery safely and ethically.

Do any of the following situations or circumstances apply to you?

a) A finding of professional misconduct, incompetence, or incapacity by a regulatory authority

¨ YES ¨ NO

b) An investigation in process with a regulatory authority

¨ YES ¨ NO

c) A reprimand or imposition of conditions or educational requirements by a regulatory authority as a result of a complaint

¨ YES ¨ NO

d) An agreement to an undertaking made by consent with a regulatory authority

¨ YES ¨ NO

e) A dismissal for cause by an employer

¨ YES ¨ NO

f) A denial of registration by a regulatory authority

¨ YES ¨ NO

g) Any verdict and recommendations of a coroner's investigation, coroner's inquiry, or coroner's inquest

¨ YES ¨ NO

Name: _____

h) A coroner's investigation, inquiry or inquest that is in process

¨ YES ¨ NO

i) A denial of or loss of hospital admitting privileges or permit to practice

¨ YES ¨ NO

j) A professional liability insurance claim

¨ YES ¨ NO

k) A settlement or judgment in any civil lawsuit or particulars of any civil action that is pending where the applicant is a party

¨ YES ¨ NO

l) Convictions in relation to any federal or provincial offence

¨ YES ¨ NO

⚪ **If you checked YES** to any of the above, please list on a separate piece of paper all incidents that relate to the relevant disclosure requirement. Include the nature of the complaint or incident, the date of the incident, the names and addresses of individuals or professional organizations involved, the jurisdiction where the incident occurred and any findings and outcomes. Also 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.

Your failure to disclose all information regarding any previous, present, or pending matter may result in your application being rejected or the revocation of your certificate to practice.

*Witnessed at*_____ *this* _____*day of 20*___

Witness's Signature _____

Applicant's Signature _____

*Please make cheque payable to "**Government of Nova Scotia**".*