



Registrar, Professional Licensing
 Government of the Northwest Territories
 Department of Health and Social Services
 8th Floor, Centre Square Tower
 BOX 1320, 5022 – 49 ST
 YELLOWKNIFE NT X1A 2L9
 Phone: (867) 920-8058 Fax: (867) 873-0484

Application for Registration as a Registered Midwife – Northwest Territories

<p>Provide a recent passport-type photograph of yourself (taken within the last six months) Application Incomplete unless photograph attached.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle Name</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">(Mailing Address)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(City, Town, Village)</td> <td style="border-bottom: 1px solid black;">(Province/State)</td> <td style="border-bottom: 1px solid black;">(Postal Code)</td> </tr> <tr> <td colspan="3">Phone: _____ Fax: _____ E-Mail: _____</td> </tr> </table>	Last Name	First Name	Middle Name	(Mailing Address)			(City, Town, Village)	(Province/State)	(Postal Code)	Phone: _____ Fax: _____ E-Mail: _____		
Last Name	First Name	Middle Name											
(Mailing Address)													
(City, Town, Village)	(Province/State)	(Postal Code)											
Phone: _____ Fax: _____ E-Mail: _____													
<p>Date of Birth: (mm/dd/yy) _____</p> <p>Canadian Citizen:</p> <p><input type="checkbox"/> Yes (attach copy of birth certificate or proof of citizenship)</p> <p><input type="checkbox"/> No (attach copy of work auth. or immigration document)</p>	<p>Language Fluency:</p> <p><input type="checkbox"/> English <input type="checkbox"/> French</p> <p><input type="checkbox"/> Other, specify: _____</p>												
<p>Name and business address of planned place of practice in NWT, indicate if self-employed:</p> <p>Hospital/Clinic/Facility/Community _____</p> <p>Address if different than above _____</p> <p style="text-align: right;">Phone: _____</p> <p>Name and address of Employer, if applicable, and if different from above _____</p> <p style="text-align: right;">Phone: _____</p> <p>Indicate date of commencement of practice: _____</p> <p>Note: No one can work as or call him/herself a Registered Midwife unless they hold a NWT Certificate of Registration. Registrar must be advised of any change of business address or employment within two weeks of any change.</p>													
<p>Registration in Other Jurisdictions: (Proof of registration/eligibility for registration in a province is required)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">List all current and previous registration and indicate if as a health care professional other than a midwife:</th> <th style="width: 20%;">Province/Territory /Country</th> <th style="width: 20%;">License Dates From: To:</th> <th style="width: 30%;">Registration / License Number (if known)</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Province of Eligibility (if applicable)</p>		List all current and previous registration and indicate if as a health care professional other than a midwife:	Province/Territory /Country	License Dates From: To:	Registration / License Number (if known)								
List all current and previous registration and indicate if as a health care professional other than a midwife:	Province/Territory /Country	License Dates From: To:	Registration / License Number (if known)										
<p>If not currently registered in a province and you are providing proof of eligibility to be registered: Assessment Program Completed:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">(Name of Program + Province of completion (attach proof))</td> <td style="width: 30%; border-bottom: 1px solid black;">Completion Date</td> </tr> </table>		(Name of Program + Province of completion (attach proof))	Completion Date										
(Name of Program + Province of completion (attach proof))	Completion Date												
<p>References: (List names and address of three (3) character references, at least one of which must be someone who has known you in a professional capacity. Supply referees with the Reference Form.)</p> <p>1. _____ 2. _____ 3. _____</p> <p>_____</p> <p>_____</p>													

Personal Information (Check the appropriate box.) If answer is yes to any of the following questions, provide full explanation/details on a separate sheet of paper.	Yes	No
1. Have you ever had a license, registration or right to practice midwifery or other health care profession revoked, suspended or restricted in any way in any jurisdiction?		
2. Has there been any finding against you concerning unprofessional conduct, including professional misconduct, incompetence, incapacity or lack of fitness to practice as a midwife or any other health care practitioner in the NWT or any other jurisdiction?		
3. Have you ever been refused a license, permit or registration to practice midwifery or any other health care profession in any jurisdiction?		
4. Have you ever, or are you currently being treated for any addiction, such as alcohol or drug abuse that may affect your ability to practice as a registered midwife?		
5. Have you ever been convicted of a criminal offense or an offense under the Narcotic Control Act (Canada), the Food and Drug Act (Canada), the Controlled Drugs & Substances Act (Canada) or any other law in any jurisdiction that may be relevant to your practice as a registered midwife?		
6. Are you the subject of any allegation, complaint or investigation for any reason whatsoever by any midwifery or other health professions licensing authority?		
7. Are you aware of any inquiry likely to be made by any authority, licensing or otherwise, with respect to your conduct, personal behavior or competence to practice midwifery or other health profession?		
8. Are you affected by a physical, mental or medical condition/illness that may affect your ability to practice as a registered midwife?		
9. Has there ever been a professional liability insurance claim made against you in respect to midwifery or other health profession practice, in the NWT or any other jurisdiction?		
10. Has there ever been a settlement or judgment in any civil law suit, or any coroner's inquest or verdict that relates to your practice as a midwife or other health care practitioner in the NWT or any other jurisdiction?		
11. Have you previously applied for, or have you ever been issued, a license or certificate of registration as a midwife in the Northwest Territories. If yes, when?		
<input type="checkbox"/> I authorize the Registrar or Registrar's designate to make enquiries of any person, government or body with regard to information provided by myself in this Application and in other supporting material, and authorize any person to whom enquiries are made to provide any information requested.		
<input type="checkbox"/> I certify that upon registration, and prior to commencing employment or practice, I will carry professional liability insurance with an insurer acceptable to the Minister in an amount of at least \$10 Million in coverage.		

I solemnly declare that the statements made by me in this Application and in the supporting documents are true and complete and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at _____

In the Northwest Territories this _____ day of _____, 200_____

Signature of Applicant

Notary Public, Commissioner for Oaths for the Northwest Territories

My commission expires _____

When complete, forward with required attachments, to:
Registrar, Health Professional Licensing
Department of Health & Social Services
Government of the Northwest Territories
8th Floor Centre Square Tower (5022-49 ST)
P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9
Telephone: (867) 920-8058
DO NOT FAX APPLICATION.

If you wish to pay your fees by Visa or MasterCard complete the following:

Name on Card: _____

Card Number: _____

Card Expiry Date: _____

Amount: **\$150.00**

Authorized Signature: _____

This personal information is being collected under the authority of the *Midwifery Profession Act* of the NWT and will be used only to process your Application for Registration. The privacy provisions of the *Access to Information and Protection of Privacy Act* of the NWT protect information collected. If you have any questions about the collection, contact the Registrar's Office at the above address.