



Registrar, Midwifery
 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

Verification of Registration or Eligibility of Registration

Applicant: Complete top portion and send to all jurisdictions of current or previous registration. If you are not currently registered in a Canadian province as a midwife, you can provide proof of eligibility of registration using this form.

I, _____
 PRINT SURNAME GIVEN NAMES (Previous Names, if applicable)

Born on _____ graduated from _____
 DAY MONTH YEAR Educational Institution / Prior Learning Assessment Program)

In _____ on _____
 CITY/ PROVINCE / COUNTRY MONTH YEAR

- a) was registered in your jurisdiction on _____ under number _____
 MONTH YEAR (if known)
- b) successfully completed an assessment in your jurisdiction on _____
 MONTH YEAR

Current address _____

I agree to the release of the following information to the Registrar, Professional Licensing of the Northwest Territories.

Signature _____ Date _____ Contact Phone: _____

To be completed by College or regulatory agency where above named is/was registered or is eligible to be registered. Complete and send to Registrar at address above. It may be faxed, but **ensure original is mailed promptly.**

Acting on behalf of jurisdiction of _____, I hereby certify that the above named:

- a) has successfully completed an approved program in midwifery, **or**
- b) has successfully completed a prior learning assessment program in this jurisdiction;
and
- c) was/is registered in this jurisdiction as of _____ **or**
- d) is eligible for registration in this jurisdiction as at this date _____

Registration is is not currently active. Will or did expire _____ (date).

Registration has or has not been revoked or suspended other than for non-payment of fees? If it has, please state reason and attach details _____

Is the above named currently under investigation? Yes No If yes, attach details.

 Authorized Signature

 Date

 Print Name

 Contact Phone Number