

For Applicants who have not completed an Alberta approved
Midwifery Education Program
(and have not been Registered in a Canadian Jurisdiction)

ALBERTA PRIOR LEARNING & EXPERIENCE ASSESSMENT APPLICATION

The information provided in the PLEA Application Handbook was accurate at the time of printing. The College of Midwives of Alberta reserves the right to change policies, schedules and other aspects of the PLEA process at any time.

**APPLICATION FOR REGISTRATION
THROUGH AN ASSESSMENT OF PRIOR
LEARNING AND EXPERIENCE: PLEA**



Suite 310 259 Midpark Way SE
Calgary, AB T2X 1M2

Phone: 1 (403) 474-3999
Fax: 1 (403) 474-3990
www.albertamidwives.org

INSTRUCTIONS: Please provide all the information requested. The submission of incomplete forms will delay assessment and registration. (see instruction and example booklet)

A: Personal Information (please type or print)

Title:	Surname:	First Name :	Middle Name or initial(s)
Current Mailing Address ¹	(Street/RR/PO Box)	(City/town)	(Province)
	Email address:	(Postal Code)	(Country)
	(Primary Phone #)	(Alternate Phone #)	

Names that appear on Documents (if different from above) Proof of name change must be provided

Title: (Ms/Mrs./ Dr.)	Surname	First Name	Middle Name or initials
1)			
2)			

¹ It is the applicant's responsibility to ensure the College has updated/current contact information throughout the process

B: Midwifery Examinations/Licensing

1. Have you ever passed any midwifery examination(s) for the purpose of registration, certification or licensing? ___YES ___NO

If you answered "YES" to Question 1, please list the examination(s).

A certified copy of documentation that verifies that you have passed the named examination(s) must be attached. (ATTACH TO THIS PAGE PLEASE)

If you list more than one exam, please order them from most recent to most dated.

NAME OF EXAMINATION*	JURISDICTION*: contact name and details	DATE OF EXAM (month/year)	Documents attached
1)			Y N
2)			Y N
3)			Y N

**Please note: you may be requested to provide further information*

2. A) Are you currently registered/licensed to practice as a midwife in another jurisdiction?

___YES: please skip to Question 3, page 3.

___NO: please continue to Question 2 B).

B) If you answered NO to question 2A, have you ever been registered/licensed to practice as a midwife?

___YES: please continue to Question 3, page 3.

___NO: please skip to SECTION C page 4.

3. If you answered "YES" to *either* Question 2A or Question 2B on Page 2, please:

- i) List the jurisdiction(s) in which you have/had legal authorization to practice midwifery;
- ii) State the name of the governing agency or organization which gave you the authorization to practice midwifery;
- iii) Have documentation of the authorization to practice midwifery forwarded directly to us by the issuing regulatory body;¹
- iv) Provide a copy of the scope of practice for which you were registered in the most recent year of your registration from your regulatory body.

Jurisdiction	Name of Authorizing agency or Organization	Expiry (mm/yy)	Office Use Only		
			Documents attached	Registration Verified	Status Verified
1)			Y N		
2)			Y N		
3)			Y N		
4)			Y N		
5)			Y N		

¹ If this documentation is given to you to be forwarded to us, it must be in a sealed envelope with the signature of an officer of the organization appearing across the seals.

Date Received:	File Number:
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C: Midwifery Education

Please list all formal midwifery or related education programs you have successfully completed. Include institutional degrees, diplomas, certificates and courses, as well as professional development courses.

NOTE: Before a final decision can be determined by the College of Midwives of Alberta regarding eligibility for registration as a midwife in Alberta, all internationally trained applicants are required to have their official transcripts verified by the World Education Services (WES) – website contact is: www.wes.ca or the Alberta Government’s International Qualification Assessment Service (IQAS) <http://work.alberta.ca/Immigration/international-qualifications-assessment-service.html>

Please have your documentation that verifies that you have successfully completed the programs listed forwarded directly from your educational institution to one of these agencies, in accordance with their requirements, (diploma, certificate, transcripts, etc.).

The *MIDWIFERY REGULATION* states satisfactory completion of a program of studies and examination as approved by the Health Disciplines Board is a component of eligibility for registration. An applicant who has NOT attended an approved program may demonstrate to the satisfaction of the Registration Committee of the College of Midwives that they have attained a level of competence equivalent to such a program of studies or examination because of directly related training, examinations and practice.

- 1. Identification and Verification of Midwifery Education:**
(List of Verification Documents), including those submitted to W.E.S. as appropriate.

If you list more than one educational program, please order them with most recent as 1.

LIST OF DOCUMENTS SUBMITTED FOR VERIFICATION OF EDUCATION			
Name of Education Activity / Program	Name of Delivering Institution, Agency or person	Document(s) Enclosed (or to be forwarded from WES) to Verify SUCCESSFUL COMPLETION of Education	Name of Referee
1)			
2)			

3)			
4)			
5)			
6)			
7)			

Number of Additional Pages attached:

Total number of Additional Pages Submitted for Section C		Office use only
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D: Practice Experience

1. Summary of Total Births from Practice Experience ¹

a) Total number of Births Attended	
b) For Births Attended in Past Five Years, Please indicate: (see below for definitions)	TOTAL
(1) Number of births you attended in the past ONE (1) year	
a) at which you were the principal midwife	
b) ... which involved continuity of care	
(2) Total number of births you attended in past FIVE (5) years	
a).....at which you were the principal midwife	
i)...which took place in an appropriate out-of-hospital setting	
ii) ...which took place in a hospital	
b)...which involved provision of continuity of care	

**please note you may be requested to provide further information and/or verification*

¹ One birth may be counted towards meeting more than one requirement, if applicable. (eg. A birth at an appropriate out-of- hospital setting where you were principal and provided continuity of care, could be counted toward the births you need as principal, **as well as** toward the births you need involving continuity of care, **as well as** towards the births you need in an appropriate out-of-hospital setting.)

The College of Midwives of Alberta has established the above criteria as an indicator of maintenance of competence for eligibility of registration in accordance with *the Midwifery Regulation*.

DEFINITIONS

Principal Midwife is a midwife who assumes primary responsibility for the care of a woman in the intrapartum period. Only one midwife is considered the principal midwife for the intrapartum period for a client except where a supervising midwife has identified a student or restricted midwife as being the principal midwife. In this case, both the supervisor and the restricted/student midwife would be considered the principal midwife.

Continuity of Care is the provision of midwifery care to the client by the midwife/group of midwives throughout the childbearing cycle, including prenatal, labour, birth, postpartum and newborn care. Although continuity of care is usually facilitated through a one to one relationship between the midwife and the woman, continuity of care can be provided by a small group of midwives if the woman has the opportunity to establish relationships with all the members of the group, and all members of the group share the care for the woman equally.

A “**group of midwives**” is no more than four midwives.

Appropriate out-of- hospital settings include homes, clinics, birth centres and other settings which allow for autonomous midwifery practice.

For those births you did not attend as a principal midwife, please describe below the role(s) you played.

**2. Identification and Verification of Practice Experience:
(List of Verification Documents)¹**

Midwifery practice experience may be demonstrated in many different ways (for example, practicum experiences in an educational program).

Please list all of your experiences. If you list more than one, please order them beginning with the most recent.

Use the verification of Practice Experience form to provide evidence of experience. This form must be sent directly to the College from the referee.

(Complete and copy the following page as often as needed to document practice experience)

¹ The *Midwifery Regulation* requires maintenance of competence by actively engaging in the practice of midwifery in accordance with criteria established by the CMA as necessary for eligibility for registration.

LIST OF DOCUMENTS SUBMITTED FOR VERIFICATION OF PRACTICE EXPERIENCE

Name of Practice/Employment Site	Address & Phone Number	Role	Duration of practice From mm/yy to mm/yy	Referee Name	Verification Documents	Records available for audit
						Y
						N
						Y
						N
						Y
						N
						Y
						N

Date Received:

File Number:

2. Details of Practice Experience for Past Five Years

(copy page as needed to complete details for required practice experience)

Out of Hosp.						
In Hosp.						
Cont. of Care						
Principal Midwife						
Birth Outcome						
Client Identifier						
Date						
	1	2	3	4	5	6

E. Additional Documentation Required

Provide proof of any current certifications held.

Canadian certificates will be required for practice permit to be issued.

1. Required Certification¹ Please attach copies:

Proof of Current CPR Certification:	Issuing Agency: _____ Date Issued: _____ dd/mm/yy	Proof attached: _____ (initials) Date Verified : _____ (initials)
Proof of Current Neonatal Resuscitation Certification:	Issuing Agency: _____ Date Issued: _____ dd/mm/yy	Proof attached: _____ (initials) Date Verified : _____ (initials)
Proof of Emergency Skills Program Certification	Issuing Agency: _____ Date Issued: _____ dd/mm/yy	Proof attached: _____ (initials) Date Verified : _____ (initials)
Proof of Fetal Health Surveillance Certification	Issuing Agency: _____ Date Issued: _____ dd/mm/yy	Proof attached: _____ (initials) Date Verified : _____ (initials)

¹ Certification in emergency procedures is a requirement of registration. The Standards of Competency and Practice requires that midwives have certification in cardiopulmonary resuscitation to a minimum level of the American Heart Association's Basic Provider or equivalent, successful completion of the Canadian Pediatric Society Neonatal Resuscitation Program, an Acceptable Emergency Skills program (Canadian or provincial ESW, ALARM or ALSO) and the Perinatal Services BC Fetal Health Surveillance Online Manual programme.

2. Criminal Record Check

Please provide a criminal record check completed within one year of application from your local authorities. This must include a vulnerable sector check. You will be required to complete current (within three months) Record Checks upon qualifying for registration.

3. Character Declaration²

Please have two (2) separate referees complete the enclosed character declarations (x2) and have them forwarded directly to :

College of Midwives of Alberta
Suite 310 259 Midpark Way SE
Calgary, Alberta, Canada T2X 1M2
admin@albertamidwives.org

Declaration 1:	Name: _____	Received _____ (initials)
Declaration 2	Name: _____	Received _____ (initials)

² *The Health Professions Act* requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health discipline.



CHARACTER DECLARATION

Suite 310 259 Midpark Way SE
Calgary, AB T2X 1M2

Phone: 1 (403) 474-3999
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www.albertamidwives.org
admin@albertamidwives.org

Section 28 of the Health Professions Act requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health profession (in this case midwifery).

This character declaration is on behalf of

Surname	First Name	Middle Initial(s)
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who is applying for registration as a Midwife in accordance with requirements in the Health Professions Act and Midwifery Regulation.

I have known the above named person for _____ years.

Describe how you know the person named above. If you need more space, attach a separate sheet.

Declaration: I (print name) _____, the Undersigned, Declare that I am not a family relative of the person named above, and that I consider this person to be of good character and reputation.

Date	Signature
------	-----------

Please print your name, mailing address, telephone numbers and occupation:

Surname	First Name	Middle Initial(s)
---------	------------	-------------------

Mailing Address	City	Province	Country	Postal Code
-----------------	------	----------	---------	-------------

Phone # (s)	occupation
-------------	------------



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Date	Signature
------	-----------

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Surname	First Name	Middle Initial(s)
---------	------------	-------------------

Mailing Address	City	Province	Country	Postal Code
-----------------	------	----------	---------	-------------

Phone # (s)	occupation
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F. Personal / Professional Conduct Declarations

The following questions are to be answered "Yes" or "No". If you answer "Yes" to any question, you must provide details by attaching a(n) additional page(s) to this declaration. Please use the question number as a reference in your notes.

- a. In Alberta or any other jurisdiction, in relation to midwifery or to any other profession, are you or your care the subject of, or have you or your care ever been the subject of:
- (i) a finding of professional misconduct, incompetence or incapacity, by a regulatory body or by a professional association undertaking self-regulating responsibility? Yes No
 - (ii) a current proceeding in relation to professional misconduct, incompetence, or incapacity, by a regulatory body or by a professional association undertaking self-regulating responsibility? Yes No
 - (iii) any previous, present or pending suspension or revocation involving professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility? Yes No
 - (iv) any previous, present or pending attachment of conditions or limitations on your professional registration or membership by a regulatory body or by a professional association undertaking self-regulating responsibility? Yes No
 - (v) any previous, present or pending inquest proceedings or verdicts? Yes No
 - (vi) any previous, present or pending professional liability insurance claims or settlements? Yes No
 - (vii) any previous, present or pending settlements or judgments in any civil law suits? Yes No
- b. In Alberta or in any other jurisdiction, have you ever been found guilty of:
- (viii) a criminal offense or any other offense relevant to your suitability to practice midwifery? Yes No
 - (ix) an offense under the Narcotic Control Act (Canada) or the Food and Drugs Act (Canada) or similar Acts in another jurisdiction? Yes No
- c. Have you ever been refused registration or licensure by a licensing body or membership by a professional association that undertakes self-regulatory responsibility in Alberta or in any other jurisdiction in relation to midwifery or any other profession? Yes No
- d. Do you have any illness or disability which could affect your ability to practice midwifery competently? Yes No
- e. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct? Yes No

G. Language Requirement

The Standards of Competency and Practice requires that midwives have knowledge of terminology relevant to childbearing and have the ability to communicate effectively with other caregivers.

(a) Is English your first language or the language of your Midwifery Education?
_____Yes: please go to Section I. _____No: please go to (b)

(b) If English is not your first language, have you completed the TOEFL (Test of English as a Foreign Language: www.toefl.org) or the IELTS (International English Language Testing System – Academic: www.ielts.org)?

_____Yes Date of Completion: _____/_____/_____
(dd/mm/yy)

What was your score on the TOEFL _____ or IELTS _____?

Please attach a notarized copy of a document which verifies your score.

Received _____ (initials)

_____No: please go to (c)

(c) If you have not completed either of the above English Language Assessments, please submit alternative verification of English Competency.

List Document(s) attached to Verify English Competency

1. _____
2. _____
3. _____

1 Received _____ (initials)
2 Received _____ (initials)
3 Received _____ (initials)

Alberta Prior Learning and Experience Assessment Application

APPLICATION FORM

Personal Information

Please provide current contact information below. If this information changes at any time, please inform the CMA.

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Date of Birth: _____

Home Phone: ____ - _____ Work/ Cell Phone: ____ - _____

E-mail: _____

Eligibility requirement

Please indicate the name and location of your midwifery education program:

If initially educated outside of Canada, please specify the institution and location:

First language:

- English
 French
 Other: _____

Document

Please attach a copy of the following documents to your application:

- a government issued identification that matches your full name on the application form. The identification must include your photograph and signature. For example, a passport or a driver's license.
- proof of eligibility to work in Canada

H. Payment of Application Fees:

1. Application for PLEA review: \$1500
2. CMRE fee: Confirm with CMRC
3. OSCE Fee: TBD

Amount Enclosed	Payment Type

The application fees must be paid by bank draft, money order or electronic transfer (info@albertamidwives.org) payable to the College of Midwives of Alberta. Applications are not considered until all forms, payments and supporting documentation are received by the College. The submission of incomplete forms will delay assessment.

Upon completion of the review of your application you may be required to practice during a period of Provisional Registration with a Conditional Practice Permit under the supervision of an approved Alberta Registered Midwife.

In order to receive a Practice Permit and begin practicing you will be expected to become a member of the Alberta Association of Midwives (www.alberta-midwives.com), show proof of Midwifery Liability Insurance, have a signed supervision agreement and pay the annual CMA Practice Permit fee. All midwives new to Alberta are required to practice within an Established Midwifery Practice for their first year.

Please note: the College of Midwives of Alberta does not arrange Practice Sites for new Midwives. Lists of practicing midwives are available on the Association of Midwives website: www.alberta-midwives.com/

NOTE: Liability insurance is a requirement of a Practice Permit.

It is also important that you contact the Provincial Midwifery Administrative Office (PMAO) of Alberta Health Services (AHS) to understand the possibility of placement in the province. Midwifery services are publicly funded through AHS and we recommend that if you are applying for any midwifery position you ensure the position is funded by contacting PMAO at: midwives@AHS.ca

I. Declaration

For CMA Office Use Only:

CMA Applicant Number:

Please complete the following declaration:

I, (print name) _____, the UNDERSIGNED, authorize the College of Midwives of Alberta to carry out the procedures necessary for the evaluation of my file. This includes making copies of my records for the purpose of assessment and/or contacting institutions, agencies, organizations or persons stated in this Application who have provided verification of my Education and Practice Experience. I ATTEST THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT DOCUMENTS HAVE NOT BEEN CHANGED OR ALTERED IN ANY WAY.

DATE

Applicant's Signature (do not print)

Completed Application and payment must be forwarded to:

College of Midwives of Alberta
Suite 310 259 Midpark Way SE, Calgary
Alberta, Canada T2X 1M2

Please provide a signed and certified photo ID: (Passport size photo is appropriate)

