

► Please read application instructions carefully, complete the form, and forward it to the IMPP by email at impp@ryerson.ca.

A NAME AND MAILING ADDRESS					
1. Mr. <input type="checkbox"/> 2. Mrs. <input type="checkbox"/> 3. Miss <input type="checkbox"/> 4. Ms. <input type="checkbox"/> 5. Dr. <input type="checkbox"/> 6. Other <input type="checkbox"/>					
Legal Surname			Other/Previous Surname(s)		
First Name		Middle Name		Third Initial	
Apt.	Number	Street			
City or Town		Province	Postal Code	Country	
Home Phone		Work Phone		Fax	
Mobile Number		Email Address			

B ELIGIBILITY REQUIREMENTS	
To be eligible for the IMPP, you must meet all of the following criteria:	
1. Be one of the following statuses	Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Refugee <input type="checkbox"/>
2. Have completed a midwifery education program anywhere in the world	Yes <input type="checkbox"/> No <input type="checkbox"/> (If answered no, you are not eligible for admission in the IMPP.)
Credential(s) Obtained: _____	
Name of Institution(s): _____	
Date(s) Completed: _____	
3. Have practiced midwifery in the past 10 years as a midwife after completing a midwifery education program	Yes <input type="checkbox"/> No <input type="checkbox"/> (If answered no, you are not eligible for admission in the IMPP.)
4. Have practiced midwifery in the role of primary midwife (most responsible attendant) at a minimum of 100 births within the past 10 years. Note: 70 primary care births which were part of your midwifery education may be counted towards the 100 required births.	Yes <input type="checkbox"/> No <input type="checkbox"/> (If answered no, you are not eligible for admission in the IMPP.)
Please provide contact details of supervisor who can verify your midwifery practice numbers and currency.	
Name: _____	
Address: _____	
Description of Role: _____	
Email Address: _____	Phone: _____

C**DECLARATION**

Please note that your application will not be processed unless the box below has been checked and dated.

I am checking the box below to indicate that I have read and understood the application instructions and that all responses are true and accurate. No relevant information, academic declaration, or citizenship status in Canada, or any other information, has been withheld, otherwise my admission to or registration at Ryerson University may be revoked.

I am also checking the box below to indicate that I have read and understood all of the content on the IMPP website for the academic year that I am applying.

Date:

The deadline to submit this application is Wednesday, May 1, 2019.

Submit completed application form by email to impp@ryerson.ca.

IMPP Program Administration
International Midwifery Pre-registration Program
The G. Raymond Chang School of Continuing Education
Ryerson University

Email: impp@ryerson.ca

Note to all applicants:

All communication between the applicant and the IMPP will be conducted via email through impp@ryerson.ca. Please do not deliver application forms in person or by postal mail to Ryerson University.

Note to applicants who miss the Wednesday, May 1, 2019 application deadline:

If space in the 2019/20 IMPP is still available after the admission process, late applications may be considered. Contact the IMPP at impp@ryerson.ca for more information.

OFFICE USE ONLY:

Approval:

Date: