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

ALBERTA PRIOR LEARING & 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.

COLLEGE OF MIDWIVES OF ALBERTA

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

College of Midwives of Alberta

119E, 1144 29TH Ave NE
Calgary, AB T2E 7P1

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)			

Date Received:	File Number:

[1] It is 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.

Date Received:	File Number:

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:

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)			

Date Received:	File Number:

3)			
4)			
5)			
6)			
7)			

Number of Additional Pages attached:

Total number of Additional Pages Submitted for Section C		Office use only

Date Received:	File Number:

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.

Date Received:	File Number:

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.

Date Received:	File Number:

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
						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)

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

Date Received: File Number:

E. Additional Documentation Required

Provide proof of any current certifications held. Canadian certificates will be required at time of registration.

1. Required Certification[1]

Please attach:

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 Declaration[2]

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

College of Midwives of Alberta
119E 1144 29th Ave NE
Calgary, Alberta, Canada
T2E 7P1
info@albertamidwives.org

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

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

Date Received:	File Number:

CHARACTER DECLARATION

119E, 1144 29TH Ave NE
Calgary, AB T2E 7P1
Phone: 1 (403) 474-3999
Fax: 1 (403) 474-3990
www.albertamidwives.org
info@albertamidwives.org

Section 9(1) (b) of Alberta's Health Disciplines Act requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health discipline (in this case midwifery).

This character declaration if on behalf of

_____

Surname First Name Middle Initial(s)

who is applying for registration as a Midwife in accordance with requirements in the Health Disciplines 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~~

Date Received:	File Number:

CHARACTER DECLARATION

College of Midwives of Alberta
119E 1144 29TH Ave NE
Calgary, AB T2E 7P1
Phone: 1 (403) 474-3999
Fax: 1 (403) 474-3990
www.albertamidwives.org
info@albertamidwives.org

Section 9(1) (b) of Alberta's Health Disciplines Act requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health discipline (in this case midwifery).

This character declaration if on behalf of

_____

Surname First Name Middle Initial(s)

who is applying for registration as a Midwife in accordance with requirements in the Health Disciplines 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

Date Received:	File Number:

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

Date Received:	File Number:

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 you first language or the language of your Midwifery Eductaion?
_____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)

Date Received: File Number:

OSCE: CLINICAL EXAMINATION REGISTRATION FORM

The OSCE clinical exam will be administered in Calgary. Candidates should expect to be onsite for an extended day with an early start and a late completion. Candidates will not be allowed to leave the site for the duration of the exam period, food and beverages will be provided. More detailed and specific information of date and times will be provided after the registration is received. The cost of the OSCE is included in your APLEA application and includes the food and beverages on the day of the examination.

First Name: **Last Name:** **MI**

Address:

City: **Province:** **Postal Code:**

Primary Phone: **Alternate Phone:**

Email:

Allergies or Special Requirements that the College should be aware of: (e.g. latex, foods)

Emergency Contact :

Name: **Phone:**

Office use only:
Date of OSCE: _____ Confirmed Candidate: _____

Schedule and study information sent : _____

Date Received: File Number:

Canadian Midwifery Registration Examination
CMRE

Please note: Examination Registration must be completed and submitted with your PLEA application. The fees for this exam are included in your application fee. Specific information regarding date and location of the exam will be communicated once your application is complete. Location can be in another Canadian Jurisdiction on request.
On the day of the exam, it will take place from 9am to 12:30pm and 1:30pm to 5pm. Candidates must arrive at the examination site by 8:30am and 1:15pm or admittance may be denied. Lunch must be taken off-site. Please dress in layers as we may not be able to regulate room temperatures.

Examination Format

The examination consists of case based and independent multiple-choice questions totaling between 210-230 questions. Exam questions come from the CMRE exam databank according to the CMRE Blueprint and its content is based on the Canadian Competencies for Registered Midwives. Both documents are available at www.cmrc-ccosf.ca. The percentage of questions on the exam from each competency is noted below.

General Competencies 5-10%
Education and Counselling 5-10%
Antepartum 25-30%
Intrapartum 25-30%
Postpartum – Maternal 10-15%
Postpartum – Newborn 10-15%
Well-Woman Care 1-5%
Professional & Legal 1-3%
Professional Development 1-3%

In order to represent the range of care a Canadian midwife is expected to provide, slightly more than half of the questions will be set in an out-of-hospital setting with the remainder in a hospital setting. Slightly more than half of the questions will represent normal midwifery situations and the remainder, abnormal situations.

Language

The examination is available in either English or French. If you wish to write the CMRE in French, please indicate this preference on the registration form. At this time, the default is English unless French is specifically requested.

Special Needs

Requests for special exam accommodation must be accompanied by detailed written supporting documentation directly from a third party such as your physician, psychologist, or religious leader, as appropriate. Contact information for the person providing the opinion must be provided.
Requests for special exam accommodation must be received by the exam registration deadline. Requests will be considered on an individual basis. While the CMRE will do its best to provide appropriate accommodation, we cannot guarantee its availability.

Examination Admittance
For admittance to the exam, candidates must provide the exam proctor with photo identification and the letter of eligibility to take the examination provided to you by your provincial regulatory authority.

Do not bring personal belongings, exam aids, or food/drink to the examination unless you have received written permission based on an application under “special needs” ”, in which case you must present your letter of permission to

Date Received:	File Number:

the exam proctor. Anything you do bring will be held by the exam proctor for the duration of the examination periods. Water will be provided. Do not wear scents to the exam site due to allergy concerns of some candidates.

Examination Pass Score

The passing score for the CMRE is developed through a standard setting process that ensures that the pass mark accurately reflects the acceptable level of Midwifery proficiency in Canada. Examination forms are validated and subject to a statistical check of reliability. The CMRE uses an item writing and standard setting procedure that promotes comparability and fairness across candidates, test forms and yearly administrations. As a result of this complex process, the specific passing score may change slightly from one sitting to the next.

Examination Results

Examinations are scored using automated scoring and checked through hand scoring.

Examination score reports (Pass or Fail) will be mailed by your provincial regulatory authority within 4-6 weeks of the exam date. Results will not be provided verbally or via e-mail.

Examination Rewrite

Candidates are eligible to take the exam a maximum of three times after which they will be required to reapply to their provincial regulator for eligibility to rewrite the exam. Normally, candidates will only be granted an opportunity to rewrite the exam if they indicate successful completion of additional study. The requirements for reapplication may vary from province to province.

Date Received:	File Number:

Canadian Midwifery Registration Examination

REGISTRATION FORM

Personal Information

Please provide current contact information below. If this information changes before the exam date, contact your provincial registrar immediately with updated information.

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

Address : _____ City: _____

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

Date of Birth: _____

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

E-mail: _____

The CMRE is offered in French or English. Please select your language preference.

☐ French ☐ English

Requests for special exam accommodation must be received by the exam registration deadline. Requests will be considered on an individual basis. While the CMRE will do its best to provide appropriate accommodation, we cannot guarantee its availability (For more information please see page 3). Are you requesting special assistance or accommodation on the day of the exam?

☐ Yes ☐ No

If yes, please explain.

_____
_____
_____
_____
_____
_____
_____

Date Received:	File Number:

Canadian Midwifery Registration Examination

Eligibility requirement

Please indicate how you will fulfill the Canadian registration requirements:

- ☐ Bridging program. Please specify

- ☐ PLEA
- ☐ University

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: _____

Examination Date and Site:

Not all provinces host all offerings of the CMRE. Please ensure that your selected province is hosting a sitting on the examination date indicated. Confirm the host city prior to registration.

Examination Date: _____

See CMRE Information Sheet for dates and times.

Examination Site: _____ (host city)

Date Received:	File Number:

Canadian Midwifery Registration Examination

CANDIDATE IDENTIFICATION FORM

Type or print clearly:

Attach candidates current photo here

For CMRE Office Use Only:

CMRE Candidate Number:

Candidate Name _____

Current Address _____
_____
_____

Birth date _____

Exam Date _____

Exam Location _____

ATTENTION PROCTOR: Complete on exam-day prior to provision of examination to candidate:

Candidate Identification Card Type: _____
ID Card Number: _____
Candidate Signature: _____

Identified & Witnessed by: _____

Date: _____

Date Received:	File Number:

Alberta Midwifery Culture and Jurisprudence
Learning Module and Examination

The Alberta Midwifery Culture and Jurisprudence Learning Module is designed to assist midwives coming to Alberta have a full understanding of the Model of Midwifery Care expected in Alberta as well as the specific Jurisdictional requirements specific to Alberta Legislation.

The learning module is an online program which you may work through at your own pace. It is accessed through the following link:

Culture and Jurisprudence Module or at http://bit.ly/cma-module

Once you have completed the module and your application is complete we will send you the link to the examination which is also on line.

Successful completion of this examination is a requirement for registration.

Date Received:	File Number:

Amount Enclosed	Payment Type & number

H. Payment of Application Fee: $ 6750CAD

The $6750.00 CAD application fee must be paid by bank draft, money order or electronic transfer (admin@albertamidwives.org) payable to the College of Midwives of Alberta. Applications are not considered until all forms, payment 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 restricted registration under the supervision of an approved Alberta Registered Midwife. In order to be registered 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 and pay the annual CMA Registration fee. All midwives new to Alberta are required to practise within an established Midwifery Practice[3] 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 registration. You will not be obtaining liability insurance until such time as you have been deemed eligible for registration, proof of coverage will need to be forwarded to the College prior to beginning practice. If you have coverage for practice in Alberta proof should be included in your application.

---

3 To be considered established a midwifery practice must meet all the following requirements:

1. Has at least one midwife who has been funded in Alberta for at least one year.
2. Has at least one midwife who has practised in the current geographical location in Alberta for at least one year.
3. Has at least one midwife who has been practising without restrictions or new registrant conditions for at least forty (40) births. This is the equivalent of one year of full time practice.
4. Has at least one midwife who has hospital privileges in the geographical area where the midwife is currently practising for at least one year and whose privileges are in good standing.

Date Received:	File Number:

I. Declaration

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.

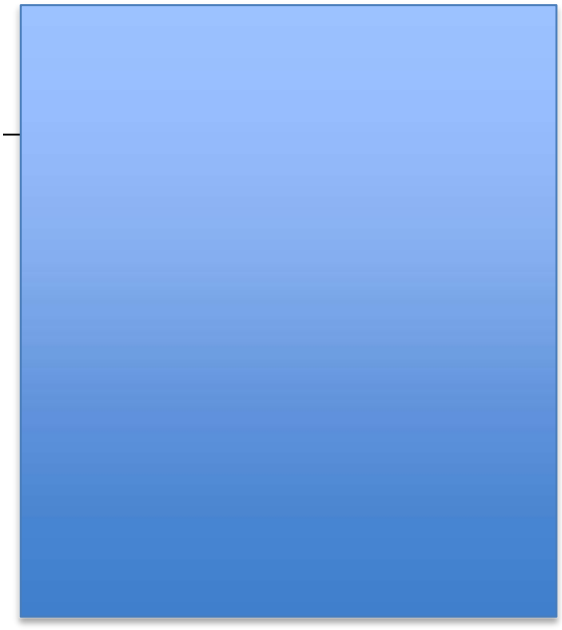
_____ _____

DATE Applicants Signature (do not print)

Completed Application and payment must be forwarded to:

College of Midwives of Alberta
119E 1144 29 Ave NE Calgary,
Alberta, Canada T2E 7P1

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



Date Received:	File Number: