



First name: \_\_\_\_\_

Last name: \_\_\_\_\_

**1. CMO REGISTRATION CLASS**

In order for the AOM to change your membership status to **ACTIVE** and request liability coverage for you, we require confirmation from the CMO that you are ready to return to a **GENERAL** class certificate.

I have submitted a **CHANGE OF REGISTRATION** class form to the CMO.

**2. AOM BENEFITS TRUST**

I have notified the **AOM Benefits Trust** of my plans to return to ACTIVE.

*(If you have not, please contact clayson@midwivesbenefits.ca or 416-425-9974 x 2258)*

**3. LIABILITY INSURANCE APPLICATION**

I have returned my completed form to the AOM

*(If you have not, please download this form or contact diana.macnab@aom.on.ca or 416-425-9974 x 2232)*

**4. START DATE AND PRACTICE INFO**

ESTIMATED RETURN TO ACTIVE/START DATE: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

**5. WILL YOUR CONTACT INFORMATION BE CHANGING?**

Yes, please update to the following:

Home address		
City	Province	Postal Code
Email	Cell phone	
Effective (YYYY/MM/DD)		

**Questions about your change of membership status?** Please contact Diana MacNab, Manager, Membership Services at [diana.macnab@aom.on.ca](mailto:diana.macnab@aom.on.ca) or call 416-425-9974 x 2232 (toll free: 1 866-418-3773 x 2232)