

Application for Reconsideration of an Equivalency Determination

When reviewing an application for licensure, BCCNM must determine if the applicant possesses the knowledge, skills, ability, and judgment expected of a new graduate from a recognized nursing or midwifery education program. If you are advised that your education and practice experience are not substantially equivalent, you may be eligible to apply for the Licence Committee to reconsider the equivalency determination.

Instructions

To apply for a reconsideration of your equivalency determination, you must submit the following documents to licensingreconsiderations@bccnm.ca **within 30 days** of the date of your determination letter:

- This form, completed in full. Incomplete applications will not be considered.
- The equivalency determination letter you received from BCCNM.
- **Optional:** written submissions to support your application (see part D).

PART A – Personal information

Last name: _____ First name: _____

Middle name(s): _____ BCCNM ID: _____

Previous name(s), if applicable: _____

PART B – Application type (for RN and LPN licence applications only)

If you received an equivalency determination for both RN and LPN licensure, please indicate which equivalency determination you are wanting reconsidered:

- Licensed practical nurse (LPN) Registered nurse (RN) Both LPN and RN

PART C – Reason(s) for requesting a reconsideration

BCCNM can only reconsider an equivalency determination for the following reasons. **Please select all that apply:**

- The equivalency determination was made contrary to the *Health Professions and Occupations Act* (HPOA), the HPOA regulations, or BCCNM bylaws.
- The equivalency determination was not made in accordance with the principles of procedural fairness; or
- New information is available that is relevant and:
- Was not available, or could not reasonably have been discovered through the exercise of due diligence, before the equivalency determination was made; or
 - Relates to a change in circumstances since the equivalency determination was made and, because of the change, the equivalency determination is no longer appropriate.

PART C – Reason(s) for requesting a reconsideration (cont'd)

Please provide information to support the reason(s) you have selected above for the Licence Committee to reconsider your equivalency determination. If you require more space than has been provided below, please submit a Word document with this application.

If you have any documents to support the reason(s) you have selected, please submit them with this application.

PART D – Written submissions (optional)

You may provide written submissions **once** in support of this application: either with this form or after we have reviewed your application for a reconsideration. If you will be providing written submissions, doing so now will help expedite the reconsideration process.

If you are including your written submissions with this application, please provide them in the box below or as a separate document submitted with your completed application.

PART E – Declaration

I declare the information provided on this form, and in support of this application for reconsideration, is true and complete.

Date (mm/dd/yy): _____