

Verification of Registration in Another Jurisdiction

PART A: THIS SECTION TO BE COMPLETED BY THE APPLICANT

Under the mandate of the *Health Professions Act*, RSBC, 1996 c.183 & Regulations, the BC College of Nurses and Midwives has received an application for registration from:

Name: _____ Former Name: _____

Address: _____

Telephone Number: _____ Cell phone Number: _____

Graduated from: _____
(Name of Nursing School)

Location: _____ Year: _____

Registration Number: _____ in _____

I hereby authorize the Registrar in _____ to send the required documentation directly to the BC College of Nurses and Midwives.

Signature of Applicant _____

PART B: THIS SECTION TO BE COMPLETED BY THE REGISTRAR OR DESIGNATE (NOT a school official)

Education:

1. The applicant has successfully completed an approved program in:
 - practical nursing diploma nursing other (specify) _____
2. Does the applicant hold a Pharmacology certificate Yes No Unknown
3. Does the applicant have the following competencies:
 - Surgical Asepsis (e.g. catheters/dressings) Yes No Unknown
 - Physical Assessments (incl. auscultation and percussion) Yes No Unknown
 - Administration of oral medications Yes No Unknown
 - Subcutaneous injections Yes No Unknown
 - Intramuscular & narcotic administration Yes No Unknown
 - Supporting intravenous therapy & blood products Yes No Unknown
 - Taking and transcribing medication orders Yes No Unknown

Examination:

4. Did the applicant **PASS** a regional/provincial/national comprehensive examination:
 - NO
 - Yes, please choose: CNATS CPNRE Other (specify) _____
5. **Date** the exam was passed? _____
6. The examination was written in which language: English French

Registration:

7. Is the applicant **currently** registered?

No Yes

The registration is: Practicing Non-Practicing

Expiry date: _____

8. Is the applicant eligible for renewal?

No Yes

If NO, please indicate why _____

9. Has the applicant's registration ever been revoked or suspended?

No Yes, please specify:

Misconduct or conduct unbecoming

Fitness to practice

Competency concerns

Other (provide reason) _____

10. Has the applicant's registration or license to practice nursing ever been made subject to conditions, limitations, restrictions, or an agreement with the College?

No Yes, provide details:

11. Has the applicant ever voluntarily surrendered their registration or license to practice nursing or any other profession in any jurisdiction?

No Yes, provide details:

12. Has the applicant ever been denied registration or licensing to practice nursing?

No Yes, provide details:

13. Has the applicant ever been disciplined by a Regulatory or Licensing authority for practical nursing?

No Yes, provide details:

a) Disciplined by: _____

b) Date(s) of discipline: _____

c) Reason for discipline: _____

d) Requirements to resolve: _____

e) Date(s) resolved (if not, explain why): _____

14. Is the applicant the subject of a current investigation **or** a proceeding **or** an outstanding **or** unresolved complaint against them in relation to their practice of nursing?

No Yes, provide details:

Signature of Registrar/Designate Jurisdiction

Print Name of Registrar/Designate Date

(SEAL)

Email