BC CN & M British Columbia College of Nurses & Midwives

900—200 Granville St.
Vancouver, BC
Canada V6C 1S4
www.bccnm.ca

Tel: 604.742.6200
Toll-free: 1.866.880.7101
Fax: 604.899.0794
Email: register@bccnm.ca

Form 4

CONFIRMATION OF REGISTRATION (Canadian RPN regulatory bodies)

This form is for applicants for registration as an RPN registration, and RPN registrants.

INSTRUCTIONS TO THE APPLICANT:

Please complete Section A only and forward the form to your current or former regulatory body.

SECTION A:

Name: _____
Surname/Family Name | First or Given Name | Middle Name | Other Surnames: your surname at birth, your maiden name or other former names

Address: _____

Date of Birth: _____ Registration number: _____

I give my consent to you to provide the information requested in either Section B or C, as applicable, directly to the BC College of Nurses and Midwives.

Date: _____ _____
DD-MM-YYYY | Applicant's signature

INSTRUCTIONS TO THE REGISTERING BODY:

Please provide the following information concerning the registration information for the above named psychiatric nurse and return this form **directly** to the BC College of Nurses and Midwives. ***(Note: This is not to be sent by the applicant)***

SECTION B – REGISTRANTS:

The records of the regulatory body indicate the following:

The above named has successfully completed an approved program in psychiatric nursing, and was issued registration number: _____ on _____ (DD-MM-YYYY) Date current registration expires or expired: _____ (DD-MM-YYYY)

Status of Applicant's registration: ☐ Practicing ☐ Non-Practicing

Method by which the Applicant was registered: ☐ Examination ☐ Endorsement

Is Applicant eligible for registration in your jurisdiction? ☐ Yes ☐ No

Practice hours for the past five years:

Year:	Hours:
Year	Hours:
Year:	Hours:
Year:	Hours:
Year:	Hours:

Has the Applicant passed a registration/licensing exam? ☐ Yes ☐ No Year of Exam _____

Was the exam given in English? ☐ Yes ☐ No

SECTION B cont'd: The records of the regulatory body indicate the following:

If you answer "Yes" to any of the following questions, please provide details on a separate sheet of paper.

Does the registration/license of this psychiatric nurse have any current conditions or limitations? ☐ Yes ☐ No

Is this psychiatric nurse currently under investigation? ☐ Yes ☐ No

Has the registration/license of this psychiatric nurse ever been encumbered, suspended, revoked, or denied? ☐ Yes ☐ No

Does the psychiatric nurse have any physical/mental condition, disorder, and/or addiction impairing his/her ability to practice as a nurse? ☐ Yes ☐ No

SECTION C - ELIGIBLE TO REGISTER:

The records of the regulatory body indicate the following:

The above named has successfully completed an approved program in psychiatric nursing at:

NAME OF SCHOOL

on

DD-MM-YYYY

Is the applicant eligible for registration in your jurisdiction YES ☐ NO ☐

Has the applicant registered for the RPNCE? YES ☐ NO ☐

LOCATION DD-MM-YYYY

Has the Applicant passed a registration/licensing exam? YES ☐ NO ☐ Year of Exam _____

Was the exam given in English? Yes ☐ NO ☐

Practice hours, if applicable, for the past five years:

Year:	Hours:
Year	Hours:
Year:	Hours:
Year:	Hours:
Year:	Hours:

Name (please print your complete name)

Title (please indicate your official title)

Phone number (include country code if outside Canada)

Email Address

Date: _____
DD-MM-YYYY

Signature

IMPORTANT: Please send the completed form directly to BCCNM Registration Services by email at register@bccnm.ca, or by mail to 900-200 Granville Street, Vancouver BC, Canada V6C 1S4.