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Form 6

Application for Nurse Practitioner Licence (Canadian NP)

WARNING: Please download and save this form to your computer before completing it. You need to take this step because some browsers, such as Chrome and Safari, will not save your content.

Instructions

1. Create a BCCNM account if you do not have one.
2. Complete all sections of this form.
3. Create a resume that includes a comprehensive history of all health-care-related education (with completion date) and nursing and health-care related employment and volunteer work. For each employer, include the start and end date of employment, name of employer, location, primary area of practice, and the type of position (i.e., full-time, part-time, casual, or volunteer).
4. Submit your application form, resume, and identity documents by email to register@bccnm.ca. We will send you instructions to pay your application fee after your application has been received.

Collection notice

The BC College of Nurses and Midwives (BCCNM) collects your personal information for the purpose of assessing eligibility for licensure, including maintaining, renewing, reinstating, or revoking your licence with the college. This information is collected because it is necessary for BCCNM's programs and activities as well for planning or evaluating those programs and activities. The authority to collect this information is under section 26 of British Columbia's *Freedom of Information and Protection of Privacy Act* and the *Health Professions & Occupations Act*. If you have any questions, please email privacy@bccnm.ca. To learn more about our privacy management practices, please visit our website.

Part A — Personal information

Last name: _____ First name: _____

Middle name: _____ Former name(s) if applicable: _____

Date of birth (mm/dd/yy): _____ BCCNM ID: _____

Address (Apt/Box/#/Street): _____ City/town: _____

Province/State: _____ Country: _____ Postal code/zip code: _____

Part B — Criminal record check consent

The *Criminal Records Review Act* requires all nursing professionals to undergo a criminal record check (CRC), completed by the Ministry of Public Safety and Solicitor General. Applicants undergo a CRC as part of the application process, and licensees are re-checked every five years.

Provide consent for a criminal record check now.

Part C — Good character

Applicants must be of good character to become licensed with BCCNM. Good character refers to a combination of personal qualities and traits required to deal properly with the many and weighty demands placed on professionals. Learn more.

All BCCNM applicants and licensees have an ongoing obligation to immediately report to BCCNM, in writing, if in any jurisdiction, they are charged with an offence or have an investigation, inquiry, review, or other proceeding against them that could result in their entitlement to practise a profession being cancelled, revoked, suspended, limited, restricted, or made subject to limits or conditions (BCCNM bylaw).

Have you ever been denied licensure by a regulatory body? ◯ Yes ◯ No

If yes, provide details:

Have you ever been disciplined by a regulatory body? ◯ Yes ◯ No

If yes, provide details:

Has your licensure, in B.C. or elsewhere, ever been under investigation, revoked, or suspended, or had conditions and/or limits attached? ◯ Yes ◯ No

If yes, provide details:

Are you currently or ever been under any investigation, review, proceeding in any jurisdiction or with any other organization, including, but not limited to, educational institutions and other regulatory bodies? ◯ Yes ◯ No

If yes, provide details:

Part D — Fitness to practice

Applicants must be fit to practice nursing competently, safely, and ethically to become licensed with BCCNM. Please only report current conditions that impair or may impair your ability to perform the duties of a nursing professional. Learn more.

Based on your personal history, your current circumstances, or any professional opinion or advice you have received, do you have any existing physical or mental health condition, including a substance use disorder, that impairs your ability to practice nursing safely and competently? ◯ Yes ◯ No

If yes, please provide a general description. Once your application is received, you may be asked to provide further information about your health condition.

Part E — Nurse practitioner education

Please provide details of education leading to NP licensure in Canada:

Name of Education Institution	Program completed	Date started (mm/yy)	Date completed (mm/yy)

Part F — Nurse licensure

Provide information for all regulatory bodies in any Canadian or international jurisdiction where you currently, or have previously, held nursing licensure. If you have been licenced with more than three regulatory bodies, please provide the same information requested below in a separate document and submit with this application. Complete all questions; if not applicable, write "N/A".

Regulatory Body 1

Regulatory body name: _____

Licence type: ◯ LPN ◯ RN ◯ RPN ◯ NP

Licence number: _____

Start date (mm/dd/yy): _____ End date (mm/dd/yy): _____

Regulatory Body 2

Regulatory body name: _____

Licence type: ◯ LPN ◯ RN ◯ RPN ◯ NP

Licence number: _____

Start date (mm/dd/yy): _____ End date (mm/dd/yy): _____

Regulatory Body 3

Regulatory body name: _____

Licence type: ◯ LPN ◯ RN ◯ RPN ◯ NP

Licence number: _____

Start date (mm/dd/yy): _____ End date (mm/dd/yy): _____

Part G — NP practice experience and currency

Please provide the total number of hours you practised as a nurse practitioner from January to December in the past three years. DO NOT include hours as a registered nurse or graduate/conditional NP:

Year: _____ Hours worked as an NP: _____

Year: _____ Hours worked as an NP: _____

Year: _____ Hours worked as an NP: _____

Part H — Declaration, acknowledgment, consent, and attestation

If you are not sure or have questions about any of the following statements, please email register@bccnm.ca before you submit your application.

Declaration

☐ I hereby declare that I have never been refused an entitlement to practise (i.e. applied but were not granted a license).

☐ I hereby declare I have been refused an entitlement to practise (i.e. applied but were not granted a license).

☐ I am a person of good character. ⓘ

Acknowledgement

- It is my responsibility to ensure the accuracy of the information provided.
- The information I submit in my application may be verified by BCCNM.
- Providing inaccurate or misleading information in or with my application for licensure, or omitting required information, may result in BCCNM refusing to grant me licensure, revoking my licence, or taking other appropriate action.
- Upon being granted licensure with BCCNM, my name, profession, licence date, standing with the college, and business contact, including limits and conditions, if any, will be published on the BCCNM public registry.
- BCCNM will update the registry if a disciplinary order or summary protection order is made.
- BCCNM will collect, use, and disclose information as authorized by the *Health Professions and Occupations Act* and the *Freedom of Information and Protection of Privacy Act*.
- If I am granted licensure, I will comply with the duties set out in Division 5 of the *Health Professions and Occupations Act*.
- If at any time I am charged with an offence under federal or provincial legislation in Canada, or in a foreign jurisdiction, I must immediately provide to BCCNM written notice specifying particulars of the charge.
- If at any time I become aware of any investigation, inquiry, review or other proceeding against me in any jurisdiction that could result in your entitlement to practise a profession being cancelled, revoked, suspended, limited, restricted, or made subject to limits or conditions, I will immediately provide to BCCNM written notice specifying particulars of the proceeding.

☐ I hereby agree to the above.

Consent

- BCCNM may contact any person, employer, government, educational institution, police force, military authority, governing body, or other organization about anything relevant to my application to assist BCCNM in determining my eligibility for licensure with BCCNM.
- Information on this application, or in my supporting documentation, may be communicated to third parties (such as exam providers) for the purpose of determining and communicating my eligibility for a licensing examination, where applicable.

☐ I hereby agree to the above.

Attestation

I hereby attest that all information in and with this application is truthful and complete, and declare that I understand the consequences of submitting false or incomplete information.

Signature: _____ Date (mm/dd/yy): _____