

BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

Contact us

GENERAL INQUIRIES

604.742.6200
1.866.880.7101 toll-free within
Canada only
info@bccnm.ca

REGISTRATION

register@bccnm.ca
registermidwives@bccnm.ca

REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

COMPLAINTS

complaints@bccnm.ca
Fax 604.899.0794



#900-200 Granville Street
Tel: 604.742.6200
Toll-free: 1.866.880.7101
Email: register@bccnm.ca

Collection of personal information

The British Columbia College of Nursing Professionals (BCCNP) collect the information in the Exam Accommodation Request Form under the general authority of the *Health Professions Act* and BCCNP's bylaws. BCCNP collects the information for the purpose of responding to your accommodation request, however any information provided may also be considered by BCCNP to determine whether you suffer from any physical or mental condition or disorder that could affect your ability to practise nursing in a safe manner.

Appropriate measures are taken to safeguard the confidentiality of your personal information. All documents become the property of BCCNP. If you have any questions about the collection, use and/or disclosure of this information contact the Registration team at register@bccnm.ca.

TO BE COMPLETED BY THE APPLICANT

Name: _____ Registration number: _____

Address: _____

Nature of disability/disorder/condition: _____

ACCOMMODATION(S) REQUESTED FOR EXAM *(check all that apply)*

Separate room

Reader

Additional time *(please specify time needed)*: _____

Other *(please specify)*: _____

Signature: _____

Date: _____