

# Application for Internationally Educated Nurse Registration

Follow the instructions below to apply for registration with BCCNM as an Internationally Educated Nurse (IEN).

Following BCCNM's review of your completed application, you will receive an email with a list of required documents for you to provide in support of your application.

## Application Instructions

1. If you do not have a BCCNM online account, please create one: [Make an Account](#). Take note of your BCCNM ID number.
2. Create your Nursing Community Assessment Service (NCAS) online account and submit the NCAS application. Take note of your NCAS ID number.
3. **Download and save this form to your computer *before* completing it.** You must take this step because some browsers, such as Chrome and Safari, will not save your content.
4. Complete all sections of this form; incomplete forms will cause delays to your application.
5. Email this completed form and a copy of your resume to [IENapplications@bccnm.ca](mailto:IENapplications@bccnm.ca). If you do not include your resume, the application will be considered incomplete and may cause delays in the application process.

**Resume requirements:** Please submit a comprehensive history of all nursing and healthcare-related positions you have held, including volunteer positions. Please include the start and end date (month and year), name of employer, location, whether it was full or part time, and primary area of practice. In addition, please include a comprehensive history of all healthcare-related education, with the year completed, including online learning and learning hub courses. This request relates to all your work and education history and is not limited to any specific time period.

## Important

You are not allowed to practise nursing or use a reserved nursing title in British Columbia until the online public register indicates that you hold either active and current provisional or practising status with [BCCNM](#).

## Notification for the Collection of Your Personal Information

BCCNM collects your personal information under the authority of the *Freedom of Information Protection of Privacy Act* and the *Health Professions Act*. We collect the information for the purpose of assessing your ability for registration. You may contact the BCCNM Privacy Officer at [privacy@bccnm.ca](mailto:privacy@bccnm.ca) for questions about the collection of your personal information. For more on your privacy and relevant legislation, [click here](#).

## PART A — Personal Information

BCCNM ID: \_\_\_\_\_ NCAS ID: \_\_\_\_\_ Email address: \_\_\_\_\_

Name (First/Middle/Last): \_\_\_\_\_

Former names (First/Middle/Last): \_\_\_\_\_

*Registration requirements include completion of the BC Criminal Records Review check. You must provide a list of all former names, including your birth or maiden name, aliases, married names, and any legal name changes.*

## PART B — Application Type

I am applying for (check one):

- Registered nurse (RN) and/or Licensed Practical Nurse (LPN)  Registered Psychiatric Nurse (RPN)

## PART C — Educational Credential Review Service

Which educational credential review service did you use:

- Comparative Education Service (CES)  International Credential Evaluation Service (ICES)  
 International Credential Assessment Service of Canada (ICAS)  World Education Service (WES)  
 National Nursing Assessment Service (NNAS)

If NNAS, please provide:

NNAS Application #: \_\_\_\_\_ NNAS Registration ID: \_\_\_\_\_

## PART D — Nursing Education

*If you have more than two education entries, please include the additional information in a separate document and submit it with this application. You must include your basic nursing program (i.e., your first nursing program) and all other nursing degrees or diplomas. Do not include individual coursework or upgrading education.*

### Education Entry 1

School name: \_\_\_\_\_ School address: \_\_\_\_\_

Your name at time of education completion: \_\_\_\_\_

Education level:  Bachelors  Diploma  Certificate  Masters  Doctorate

Program type:  Registered Nurse Program  Practical Nurse Program  Psychiatric Nursing  
 Nurse Practitioner

Start date: \_\_\_\_\_ Completion date (if applicable): \_\_\_\_\_

### Education Entry 2

School name: \_\_\_\_\_ School address: \_\_\_\_\_

Your name at time of education completion: \_\_\_\_\_

Education level:  Bachelors  Diploma  Certificate  Masters  Doctorate

Program type:  Registered Nurse Program  Practical Nurse Program  Psychiatric Nursing  
 Nurse Practitioner

Start date: \_\_\_\_\_ Completion date (if applicable): \_\_\_\_\_

## PART E — Canadian Registration(s)

Have you ever applied for registration or been registered in Canada with any professional regulatory body other than BCCNM/BCCNP/CRNBC/CLPNBC/CRPNBC?  Yes  No

If yes, complete the following:

Regulatory body name: \_\_\_\_\_

Registration type:  LPN  RN  RPN  Other: \_\_\_\_\_

Registration number: \_\_\_\_\_ Registration granted/license issued:  Yes  No

Start date: \_\_\_\_\_ End date (if applicable): \_\_\_\_\_

## PART F — Other Registration(s)

Provide details of all the regulatory body(ies) in any jurisdiction outside Canada where you have ever, or currently hold, nursing registration. If you have more than three past or present regulatory bodies, please include the additional information in a separate document and submit it with this application.

### Regulatory Body 1

Regulatory body name: \_\_\_\_\_

Registration type:  LPN  RN  RPN  Other: \_\_\_\_\_

Registration number: \_\_\_\_\_ Registration granted/license issued:  Yes  No

Start date: \_\_\_\_\_ End date (if applicable): \_\_\_\_\_

### Regulatory Body 2

Regulatory body name: \_\_\_\_\_

Registration type:  LPN  RN  RPN  Other: \_\_\_\_\_

Registration number: \_\_\_\_\_ Registration granted/license issued:  Yes  No

Start date: \_\_\_\_\_ End date (if applicable): \_\_\_\_\_

### Regulatory Body 3

Regulatory body name: \_\_\_\_\_

Registration type:  LPN  RN  RPN  Other: \_\_\_\_\_

Registration number: \_\_\_\_\_ Registration granted/license issued:  Yes  No

Start date: \_\_\_\_\_ End date (if applicable): \_\_\_\_\_

*NOTE: All BCCNM applicants and registrants 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 84).*

## PART G — Good Character

As the regulatory body for nurses in BC, it's our responsibility to determine whether applicants are of good character before entering the profession.

Good character refers to a combination of personal qualities and traits, such as:

- Moral or ethical strength
- Integrity, candour, empathy and honesty
- An appreciation of the difference between right and wrong
- The moral fibre to do that which is right and not to do that which is wrong
- The character to deal properly with the numerous and weighty demands placed on professionals

Have you ever been denied registration or 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 registration or 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 H — Fitness to Practice

Please read the following before answering the question related to fitness to practice:

*As the regulatory body for nurses in BC, it's our responsibility to determine whether applicants are fit to practice nursing competently, safely, and ethically.*

*Nursing can be rigorous and requires a high level of functioning. Any health condition that compromises your ability to safely and competently practise nursing puts others' health at risk, and harms the profession's reputation.*

*BCCNM recognizes that everyone experiences pressures in life and responds to those pressures differently. You may have a health condition and also be very capable of practising nursing safely and competently. Accordingly, we are not looking for information about previous, resolved health conditions that do not currently affect your ability to function as a nursing professional. You need only report conditions that impair your ability to perform the duties of a nursing professional.*

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 I – Declaration, Acknowledgement, Undertaking, and Consent

If you are not sure or have questions about any of the following statements, please email [INapplications@bccnm.ca](mailto:INapplications@bccnm.ca) before you submit your application.

### Declaration

- To the best of my knowledge, all the information I submit in, or with, this application is true and complete.
- I understand falsification of a registration application, including the omission of requested information or the submission of falsified documents to BCCNM, may be cause for BCCNM to deny registration, investigate, or take other appropriate action.
- I understand it is an offence under the BC Health Professions Act for a person to apply for BCCNM registration or continue to be registered with BCCNM if that person knows they do not meet the conditions or requirements for BCCNM registration.

### Acknowledgement

I acknowledge:

- The information I provide in my application to BCCNM, including any additional information provided to support my application, may be verified by BCCNM.
- Upon being granted registration, my name, date first registered, class of registration, and other information about me will be published on the BCCNM public register and will be available to any person upon request as required by the Health Professions Act.
- BCCNM collects, uses, and discloses information as authorized by the Health Professions Act and the BC Freedom of Information and Protection of Privacy Act.

## PART I – Declaration, Acknowledgement, Undertaking, and Consent (cont'd)

### Undertaking

- I undertake to always practise my profession in compliance with the Health Professions Act of British Columbia, applicable regulations, the BCCNM Bylaws, and all applicable standards.

### Consent

- I consent to BCCNM contacting any person, employer, government, educational institution, police force, military authority, governing body, or other organization about anything BCCNM considers relevant to my application to assist BCCNM in determining my eligibility for registration with BCCNM.
- I understand that information on this application, in my supporting documentation, or subsequently provided in support of my application, may be communicated to third parties (such as exam providers) for the purpose of determining and communicating my eligibility for a registration examination, where applicable.

Date: \_\_\_\_\_

*Please submit your completed application and resume to BCCNM at [ENapplications@bccnm.ca](mailto:ENapplications@bccnm.ca).*