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www.bccnm.ca

Form 172

Application for Nurse Practitioner Licence (New Graduates BC/Canada)

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

Please use this form if you are a graduate of a Canadian nurse practitioner (NP) education program and have never held licensure as an NP in any jurisdiction. New graduates must qualify for RN licensure with BCCNM before they can be considered for NP licensure.

If you are currently licensed as an RN in British Columbia:

1. Sign into your BCCNM account and ensure your information is up to date.
2. Complete all sections of this form.
3. Submit your application form by email to register@bccnm.ca. We will send you instructions to pay your application fee after your application has been received.

If you are NOT licensed as an RN in British Columbia:

1. Create a BCCNM account if you do not have one.
2. Sign into your BCCNM account and apply for practising RN licensure.
3. Complete all sections of this form.
4. Submit your NP application form 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 — 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 C — NP examinations

Have you ever taken a nurse practitioner licensing examination? ◯ Yes ◯ No

If yes, please provide the following:

Exam name	Stream of practice	Date (mm/dd/yy)	Location	Result (pass/fail)

Part D — 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.

Part D — Declaration, acknowledgment, consent, and attestation (cont'd)

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): _____