

Temporary Registration During an Emergency — Instructions

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. Email your completed form to register@bccnm.ca.

When an emergency has been declared by the registrar, the temporary registration category allows BCCNM to quickly and temporarily register individuals who meet specific criteria. During a declared emergency, temporary registration is an option for:

- LPNs, NPs, RNs and RPNs with current practising registration in good standing in Canada
- LPNs, NPs, RNs and RPNs in the Canadian Armed Forces
- *Former registrants who meet the practise hour requirements or have graduated from a recognized nursing program in the past five years
- *Non-practising registrants who meet the practise hour requirements or have graduated from a recognized nursing program in the past five years

Temporary Registration During a Declared Emergency

- Temporary registration — Emergency is for the sole purpose of assisting in an emergency
- Eligible applicants can practise nursing in B.C. up to 90 days
- An extension is possible if the emergency situation continues to be in effect

*PRACTICE HOURS

To be eligible for BCCNM emergency practising registration, you must meet the following practice hours for your respective nursing designation:

Licensed practical nurse

1,125 hours in the past 5 years

Nurse practitioner

900 hours in the past 3 years

Registered nurse

1,125 hours in the past 5 years

Registered psychiatric nurse

1,400 hours in the past 5 years

How to Apply

To apply for temporary registration during a declared emergency, applicants must submit the following:

- If you do not have a BCCNM online account, please create one: [Make an Account](#)
- Form 80: Application for Temporary Registration in an Emergency
- Online: Consent to a criminal record check — fee is waived
- 2 copies of government issued identification; one must be a photo ID

Fees Waived

Payment is not required for temporary registration, criminal record check or professional liability protection/liability insurance.

For More Information

Email: register@bccnm.ca

Telephone: 604.742.6200 or toll-free 1.866.880.7101 (Canada only)

Temporary Registration During an Emergency — Application Form

This form is for use when applying for temporary registration for a declared emergency.

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A. Personal Information

Last name: _____ First name: _____ Middle name: _____

Former name(s) (birth/former/secular): _____

Address (street): _____ City/town: _____ Province/state: _____

Postal/zip code: _____ Country: _____

Telephone (include area code): _____ Email: _____

Date of birth (DD/MM/YY): _____

B. Applicant Type

I am applying as:

Registered Nurse

Licensed Practical Nurse

Registered Psychiatric Nurse

Nurse Practitioner (Family)

Nurse Practitioner (Adult)

Nurse Practitioner (Pediatric)

C. Registration History

1. Do you currently hold practising registration in good standing in another jurisdiction?

Yes No Where: _____ Registration #: _____

2. Is your nursing conduct or practice currently under investigation?

Yes No If yes, email an explanation to register@bccnm.ca

3. Has your registration/licensure in B.C. or elsewhere ever been revoked, suspended, or subjected to limits and/or conditions?

Yes No

4. Do you confirm that you have met the minimum practice hours requirement?

Yes No

C. Registration History (cont'd)

5. Provide your Canadian nursing practice hours for each calendar year (January 1 – December 31) of employer for the past five years.

Last year worked: _____ Hours: _____

Previous year: _____ Hours: _____

Previous year: _____ Hours: _____

Previous year: _____ Hours: _____

Previous year: _____ Hours: _____

EXAMPLE:

Last year worked: 2020 Hours: 1,600

Previous year: 2019 Hours: 2,150

Previous year: 2018 Hours: 0

Previous year: 2017 Hours: 1,850

D. Temporary Registration Category

Are you a member of the Canadian Armed Forces?

Yes

No

If Yes, skip to F

E. 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 registrants are re-checked every five years. Please click on the appropriate link below and sign into your BCCNM account to consent to a criminal record check:

- NPs, RNs, and RPNs Criminal Record Check Consent: <https://crc.bccnp.ca>
- LPNs Criminal Record Check Consent: <http://lpncrc.bccnp.ca>

F. Professional Nursing/Nurse Practitioner Experience

Name of current or most recent employer and supervisor: _____

Employer and supervisor telephone number or email: _____

G. Declaration, Acknowledgment, Undertaking & Consent

Please respond to each of the statements below:

I declare that:

To the best of my knowledge, all the information that I submit in or with this application is true and complete.

Yes

No

I understand that 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.

Yes

No

I understand that 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 that he or she does not meet the conditions or requirements for BCCNM registration.

Yes

No

I am of good character.

Yes

No

G. Declaration, Acknowledgment, Undertaking & Consent (cont'd)

I do not have any existing physical or mental health conditions, including substance use disorder, that impairs my ability to practice nursing safely and competently.

Yes No

I am applying for temporary emergency registration solely for the purpose of providing assistance during the emergency situation.

Yes No

I acknowledge that:

The information I submit in my application may be verified by BCCNM.

Yes No

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 is available to any person upon request as required by the *Health Professions Act*.

Yes No

BCCNM collects, uses and discloses information as authorized by the *Health Professions Act* and the *BC Freedom of Information and Protection of Privacy Act*.

Yes No

Undertaking

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

Yes No

Consent for collection of additional information

I consent to BCCNM asking any person, employer, government, educational institution, police force, military authority, governing body or other organization about anything relevant to my application for registration with BCCNM.

Yes No

Consent to share contact information

I consent to BCCNM sharing my contact information — including my name, city of residence, phone number, and email — to Health Authorities and/or employers for the purpose of being contacted to provide nursing services during a state of emergency.

Yes No

Confirmation

I have logged into my account and consented to the Criminal Record Check. **IMPORTANT:** If you do not take this step, your application can't be processed.

Yes No

I am submitting my application with two copies of a government issued photo ID; one must be photo ID.

Yes No

Please check this box to confirm the information you provided on this form is correct and complete.

Email your completed form to register@bccnm.ca.