



Information for Candidates who fail the Objective Structured Clinical Examination (OSCE)

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RESCORING THE EXAMINATION

The CRNBC Nurse Practitioner Examination Committee (NPEC) oversees the scoring of the OSCE. For candidates whose score is close to the pass mark (i.e., borderline), additional verification steps are taken by the NPEC before the results are released. The final score is approved by the NPEC. Nevertheless, candidates who are unsuccessful in the OSCE may be entitled to a rescore of their examination.

To request a rescore of your examination, complete Form 74: Application to Rescore OSCE (included in this package) and submit it to CRNBC along with the appropriate fee. Your request for a rescore must be submitted within 30 days of the date of your results letter. Rescores will be completed *after*, but as close to this date as possible.

RETAKE THE EXAMINATION

To retake the examination, complete Form 21: Application for the Nurse Practitioner Examinations, Form 33: Payment Form, and return both forms with the appropriate examination fee. Both forms are available in this package.

For information about eligibility to retake the examination, email Christy Kivari at kivari@cmbc.ca

WITHDRAWALS AND REFUNDS

A candidate who has applied to take the OSCE and has paid the examination fee, but who then withdraws from the examination on or before the **withdrawal deadline** will be assigned a “did not write” status and is entitled to a refund of 75% of the examination fee. After the withdrawal deadline, there will be no refund granted to candidates who withdraw from the exam.

PROVISIONAL REGISTRATION

If you currently hold provisional nurse practitioner registration with CRNBC

You can continue working on your provisional registration. Note your expiry date. You may renew your provisional registration only if you have applied to take or are awaiting the results of the nurse practitioner examinations, have met all other requirements for nurse practitioner registration and have met all other annual registration renewal requirements.

If you do not hold current provisional nurse practitioner registration with CRNBC

You can apply for provisional registration by submitting:

- Form 21: Application for the Nurse Practitioner Examinations and examination fee.
- Form 8.1A: Application for Provisional Registration and registration fee if applicable.
- Payment Form 33.

More information about provisional nurse practitioner registration is available at <http://www.crnbc.ca/Registration/NPApplication/Pages/ProvisionalReg.aspx>

RESOURCES

- *NP OSCE Candidate Guidebook* (Family, Pediatric or Adult)
- NP (Family, Pediatric or Adult) OSCE Blueprint (also available at www.crnbc.ca/Registration/NPapplication/osce/Pages/Default.aspx)
- Global Assessment Scoring Tool
- Example of a Couplet Station

Nurse Practitioner Examinations Application Form

Form 21

INSTRUCTIONS

Please complete **both** pages of this form in full and return it to BCCNP at the address above along with Payment Form 33 and the correct fee. For more information, contact the BCCNP Exam Administrator.

A. PERSONAL INFORMATION

Applicant's Name		last	first	middle
Former Name(s) (Birth/Former/Secular)		Preferred Name (if different than above)		Address (Apt./Box No., Number, Street)
City/Town		Province/State/Country		Postal/Zip Code
Telephone (Work/Home/Mobile)		Email		Date of Birth(Month/Day/Year)
BCCNP Registration No.				

I am applying for (check one):

- Nurse Practitioner (Family)
 Nurse Practitioner (Adult)
 Nurse Practitioner (Pediatric)

B. WRITTEN EXAMINATION

- NP (Family) Candidates:** Please refer to the following section of the BCCNP website for information on the NP (Family) written examinations recognized by BCCNP. You will need to make your own arrangements to complete one of the written examinations: www.bccnp.ca/Registration/RN_NP/NPapplication/ancc/Pages/Default.aspx
- NP (Adult) Candidates:** I am applying for the American Academy of Nurse Practitioners Certification Board (AANPCB) Adult-Gerontology Primary Care Nurse Practitioner Certification Exam. See fact sheet: www.ccnr.ca/exams.html
- NP (Pediatric) Candidates:** I am applying for the Pediatric Nursing Certification Board (PNCB) Primary Care Pediatric Nurse Practitioner Certification Exam. See fact sheet: www.ccnr.ca/exams.html

Candidates will receive information about the written examinations after examination applications are received by BCCNP.

SECTION B continues on next page

B. WRITTEN EXAMINATION (cont'd)

Have you previously written the ANCC, AANPCB, PNCB or other written nurse practitioner examination? No Yes

If yes, complete the following:

Exam Name (e.g., ANCC, AANPCB, PNCB)	Stream of Practice (Family, Adult, Pediatric)	Date	Location

C. OBJECTIVE STRUCTURED CLINICAL EXAMINATION

See Form 33 for fees. Fees are subject to change without notice.

- I am applying for the Objective Structured Clinical Examination (OSCE)
- I am enclosing a **certified passport photo**. (A certified passport photo must accompany your OSCE application, if you have not previously submitted a passport photo)

Examination Date	Stream of Practice	Application Deadline	Withdrawal Deadline (with partial refund)
<input type="checkbox"/> May 9, 2020	Family and Pediatric	February 14, 2020	April 9, 2020
<input type="checkbox"/> September 26, 2020	Family and Adult	July 3, 2020	August 26, 2020

An OSCE orientation package will be provided to you at a later date.

D. CONFIDENTIALITY AGREEMENT (must be signed by all nurse practitioner examination candidates)

The content, including examination questions of the written Examination and the Objective Structured Clinical Examination (OSCE) are highly confidential. Candidates partaking in the written exam and/or OSCE are prohibited from disclosing the content of the examination(s) and must not, under any circumstances, share or discuss any of the information they contain with any person except as authorized by the British Columbia College of Nursing Professionals. Unauthorized production, reproduction or publication of the examination material is prohibited. Unauthorized disclosure or receipt of the contents of the examinations or any other form of cheating is unethical behaviour and shall be dealt with in a serious manner by the regulatory authority and may lead to ineligibility for registration.

I acknowledge that I have read and understand the above provisions regarding examination confidentiality and cheating and agree to abide by them.

Name (please print)

Signature

Witness

Date



Application to Rescore OSCE

All borderline OSCE scores are automatically re-verified by the CRNBC Nurse Practitioner Examination Committee.

All rescoring of the OSCE are approved by the CRNBC Nurse Practitioner Examination Committee.

Your request for a rescore must be submitted within 30 days of the date of your results letter.

The fee for the rescore is \$220.

Name _____
Last Name First Name Middle Name

CRNBC Registration Number _____

Candidate Identification Number _____

Address: _____
Apt/Box No. Number Street

_____ City/Town Province/State/Country Postal/Zip Code

E-mail _____ Telephone _____

Method of Payment

- Cheque/Bank Draft/Money Order — Enclosed, payable to CRNBC
- Credit Card—You will receive an email once your application has been received with a link to the payment page.

DO NOT write your credit card number on this form.

Forward completed form directly to:

CRNBC Registration, Inquiry and Discipline
2855 Arbutus Street
Vancouver, BC
Fax 604.736.3576
E-mail Kivari@crnbc.ca



Application for Provisional Registration

Applicant must complete Parts A and B; **Employer** to complete Part C if required. If this form is incomplete, your registration will be delayed.

Part A – Personal Information

Name _____

Date of Birth _____ CRNBC Identification No. _____

CRIMINAL RECORD REVIEW

Since first applying with CRNBC:

1. Have you ever been charged with or convicted of a criminal offence? No Yes
2. Have you received a pardon for a criminal offence? No Yes

If you answer "Yes" to any of these questions, complete **Form 75: Applicant Information on Criminal Offences** available at www.crnbc.ca/Registration/Lists/RegistrationResources/form75infoonCriminaloffences.pdf

Part B – Applicant Acknowledgement and Consent

- By signing below, I acknowledge my full and complete understanding of the specific conditions indicated in Part D of this application form, and that I will honestly and truthfully inform any prospective employer(s) about each of these conditions. I also acknowledge that, once provisional registration has been issued, I will abide by these conditions at all times and if I am found to have breached any of them, I may be referred to CRNBC Professional Conduct Review and may be required to suspend practice.
- By signing below, I give consent to any previous, current or future employers to release information regarding my competency in nursing to CRNBC to be used solely for the purpose of assessing my eligibility for registration in British Columbia.
- By signing below, I acknowledge that, upon being granted registration, my name, registration number, status and all applicable conditions will be published on the CRNBC website in accordance with Section 22 of the Health Professions Act. CRNBC's register, which includes information about each registrant as required in Section 21.2 of the Health Professions Act, is available to any person upon request. To ensure appropriate and timely access to information about its registrants, CRNBC provides this information on its website, which is readily available to the public and other health care professionals.

Signature **X** _____ Date _____

Part C – Employer Monitoring Agreement (if required – see conditions in Part D)

- Prior to offering employment to this applicant, please ensure that you understand the specific conditions noted in Part D of this form. These conditions will apply once provisional registration is issued. If you have any questions, please email register@crnbc.ca
- If the applicant's employment start date is unknown, do not complete this section or return this form to CRNBC.

Employer _____

Facility (a specific facility name is required) _____

Applicant's Employment Start Date (CRNBC cannot guarantee this date) _____

Facility Representative _____ Position/Title _____

Telephone _____ Email _____

- By signing below, I agree to provide monitoring to the above named applicant for provisional registration. According to CRNBC policies, "monitoring" means that the registrant holding provisional registration is monitored and evaluated by the appropriate individual (i.e., a registered nurse or nurse practitioner). The monitoring individual should be on site or readily available so that the registrant can consult and/or collaborate as needed. Unless specified otherwise, monitored practice is in place for the duration of provisional registration. Please see www.crnbc.ca for more information.
- By signing below, I confirm my full and complete understanding of the conditions specified in Part D of this form, and that they will apply to this applicant's provisional registration once it has been issued. If any of the conditions specified in Part D are breached, I also understand that the provisional registrant may be subject to investigation by CRNBC Professional Conduct Review and may be suspended from practice.
- By signing below, I agree to provide an employment reference directly to CRNBC after the specified number of hours noted in Part D.

Signature of Facility Representative **X** _____ Date _____

Part D – Conditions on Provisional Registration

The following conditions will apply to provisional registration once issued:

- A condition that you are supervised by a registered nurse who holds nurse practitioner registration in B.C. or by a physician in good standing with the College of Physicians and Surgeons of British Columbia.
- A condition that you are not authorized to carry out independent prescribing or ordering of diagnostic tests.
- A condition that you write and pass the written and clinical nurse practitioner registration examinations.
- An employer reference is not required.

Nurse Practitioner Application/Assessment/Examination Payment Form

INSTRUCTIONS

- **All fees must be paid in Canadian funds. Fees are non-refundable.**

Applicant's Name	last	first	middle	FEE	AMOUNT
EXAMINATION FEES					
<input type="checkbox"/>	OSCE Fee			\$2,200.00	_____
APPLICATION FEES (including GST) - Check ONE					
<input type="checkbox"/>	Application Assessment Fee (For graduates of a B.C. nurse practitioner program)			\$241.50	_____
<input type="checkbox"/>	Application Assessment Fee (For graduates of a Canadian nurse practitioner program)			\$315.00	_____
<input type="checkbox"/>	Application Assessment Fee (For graduates of an International nurse practitioner program)			\$630.00	_____
				Total	_____

PAYMENT

You will receive an email once your application has been received with a link to the payment page.

BCCNP accepts the following payment methods:

- Credit card (American Express, VISA and MasterCard)
- INTERAC Online (Bank of Montreal, RBC, Scotiabank, Envision Financial Credit Union, and TD Canada Trust clients.)

DO NOT write your credit card number on this form.