

## Verification of Registration in Another Jurisdiction

**PART A: THIS SECTION TO BE COMPLETED BY THE APPLICANT**

Under the mandate of the *Health Professions Act*, RSBC, 1996 c.183 & Regulations, the BC College of Nurses and Midwives has received an application for registration from:

Name: \_\_\_\_\_ Former Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

Graduated from: \_\_\_\_\_  
(Name of Nursing School)

Location: \_\_\_\_\_ Year: \_\_\_\_\_

Registration Number: \_\_\_\_\_ in \_\_\_\_\_

I hereby authorize the Registrar in \_\_\_\_\_ to send the required documentation directly to the BC College of Nurses and Midwives.

Signature of Applicant \_\_\_\_\_

**PART B: THIS SECTION TO BE COMPLETED BY THE REGISTRAR OR DESIGNATE (NOT a school official)**

**Education:**

1. The applicant has successfully completed an approved program in:  
 practical nursing     diploma nursing     other (specify) \_\_\_\_\_
2. Does the applicant hold a Pharmacology certificate     Yes     No     Unknown
3. Does the applicant have the following competencies:
  - Surgical Asepsis (e.g. catheters/dressings)     Yes     No     Unknown
  - Physical Assessments (incl. auscultation and percussion)     Yes     No     Unknown
  - Administration of oral medications     Yes     No     Unknown
  - Subcutaneous injections     Yes     No     Unknown
  - Intramuscular & narcotic administration     Yes     No     Unknown
  - Supporting intravenous therapy & blood products     Yes     No     Unknown
  - Taking and transcribing medication orders     Yes     No     Unknown

**Examination:**

4. Did the applicant **PASS** a regional/provincial/national comprehensive examination:  
 NO  
 Yes, please choose:  CNATS     CPNRE     Other (specify) \_\_\_\_\_
5. **Date** the exam was passed? \_\_\_\_\_
6. The examination was written in which language:     English     French

**Registration:**

7. Is the applicant **currently** registered?

No  Yes

The registration is:  Practicing  Non-Practicing

Expiry date: \_\_\_\_\_

8. Is the applicant eligible for renewal?

No  Yes

If NO, please indicate why \_\_\_\_\_

9. Has the applicant's registration ever been revoked or suspended?

No  Yes, please specify:

Misconduct or conduct unbecoming

Fitness to practice

Competency concerns

Other (provide reason) \_\_\_\_\_

10. Has the applicant's registration or license to practice nursing ever been made subject to conditions, limitations, restrictions, or an agreement with the College?

No  Yes, provide details:

\_\_\_\_\_

11. Has the applicant ever voluntarily surrendered their registration or license to practice nursing or any other profession in any jurisdiction?

No  Yes, provide details:

\_\_\_\_\_

12. Has the applicant ever been denied registration or licensing to practice nursing?

No  Yes, provide details:

\_\_\_\_\_

13. Has the applicant ever been disciplined by a Regulatory or Licensing authority for practical nursing?

No  Yes, provide details:

a) Disciplined by: \_\_\_\_\_

b) Date(s) of discipline: \_\_\_\_\_

c) Reason for discipline: \_\_\_\_\_

d) Requirements to resolve: \_\_\_\_\_

e) Date(s) resolved (if not, explain why): \_\_\_\_\_

14. Is the applicant the subject of a current investigation **or** a proceeding **or** an outstanding **or** unresolved complaint against them in relation to their practice of nursing?

No  Yes, provide details:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Registrar/Designate      Jurisdiction

\_\_\_\_\_  
Print Name of Registrar/Designate      Date

(SEAL)

\_\_\_\_\_  
Email