British Columbia College of Nurses & Midwives

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Form 62

Application for Certified Practice Registration and/or Prescribing Authority—Course/Exit Evaluation Completed

You will be notified by email when registration for certified practice has been granted.

Last name: _____ First name: _____

Middle name: _____ BCCNM ID: _____

PART A

I am applying for BCCNM-certified practice in:	☐ RN First Call
	☐ Reproductive Health (STI)
	☐ Reproductive Health (CM)
	☐ Remote Nursing

AND/OR:

☐ I am applying for BCCNM prescribing authority

PART B

I am registered as an RN and/or Nurse Practitioner (Paediatric/Adult) and have:	☐ Completed a BCCNM-approved (formerly CRNBC-approved) Certified Practice Education Program
	☐ Certified Practice Experience in another Canadian jurisdiction

OR:

☐ I am registered as a Nurse Practitioner (Family)

PART C (required only if you completed a BCCNM-recognized education program)

Where did you complete your Certified Practice Program/Exit Evaluation? ◯ BCDDC ◯ BCIT ◯ UNBC

Date you completed course (mm/dd/yy):_____

PART C (required only if you completed a BCCNM-recognized education program) (Cont'd)

CONSENT TO RELEASE INFORMATION: I hereby provide consent for the above named certified practice program to release information and my course results to BCCNM. This information is to be used solely for the purpose of assessing my application for certified practice registration.

DECLARATION: I declare that I have assessed my practice based on the competencies and decision support tools for the category of certified practice for which I am applying. Based on my assessment, my practice is safe, competent and ethical and is within the scope identified by the decision support tools. I hereby apply for certified practice registration in BCCNM and I certify that the information provided on this form is true and correct and that I am in compliance with the Health Professions Act, Nurses (Registered) and Nurse Practitioners Regulation and BCCNM Bylaws.

I acknowledge that my name, registration number, status (practising, non-practising) MSP eligibility, prescribing authority, and certified practice category will be published on the BCCNM website, in accordance with Section 22 of the Health Professions Act, upon being granted registration. I understand that upon being granted prescribing authority, my eligibility to be a prescriber and MSP eligibility will be published on the BCCNM public register and is available upon request as required by the Health Professions Act and BCCNM bylaws. BCCNM'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, BCCNM provides this information on its website, which is readily available to the public and other healthcare professionals.

Signature: _____Date (mm/dd/yy):_____

You must sign this form and send to BCCNM Registration Services:

Email register@bccnm.ca