

## Nurse Practitioner Application Package: B.C. Graduates

*For use by graduates of recognized nurse practitioner education programs in British Columbia*

### Contents

- Form 6: Application for Nurse Practitioner Registration in British Columbia
- Form 8.1A: Application for Provisional Registration
- Form 21: Application for the Nurse Practitioner Examinations
- Form 33: Payment Form

### Checklist

To ensure your application proceeds without delays, make sure you have included each item below in your application package:

- Completed Form 6. Ensure you have answered all questions on all pages.
- Completed Form 8.1A. Note: this form is required **only if** you are applying for provisional nurse practitioner. Do not submit the form until page 2 has been completed and signed by your prospective employer. You can submit this form at any time before passing the required examinations.
- Completed Form 21.
- Completed Form 33.
- Certified passport photo. The passport photo must be mailed to BCCNM to use on your OSCE ID badge. Please ensure the photo has been certified by the photographer with your name clearly labelled on the back.

### Questions

If you have questions about how to complete the forms in this package, please contact BCCNM Registration Services at 604.742.6200 (1.866.880.7101 toll-free in Canada only) or [register@bccnm.ca](mailto:register@bccnm.ca).

## Application for Nurse Practitioner Registration

### Instructions

- Complete all sections of this form; incomplete forms will cause delays to your application.

### 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 — Application type

I am applying for (check one):

Nurse practitioner (Family)

Nurse practitioner (Adult)

Nurse practitioner (Pediatric)

### Part C — Criminal record check

Have you ever been arrested for, or charged with, a criminal offence?  No  Yes

- If your answer is No, please proceed to section D
- If your answer is Yes, please answer questions below:

a) What was the reason for the arrest or charge?

\_\_\_\_\_

b) What was the location and date of the arrest or charge?

\_\_\_\_\_

c) How was this charge resolved or concluded, including any pardoned offences?

\_\_\_\_\_

## Part D — Nurse practitioner education

School name and address of each NP and master's program attended	Online/distance? (yes or no)	Language of instruction	Date started (mm/yy)	Date completed (mm/yy)	Credential (e.g. diploma, master's)

## Part E — Nurse practitioner registration status and experience

Complete all questions. If not applicable, write N/A.

1. Where did you first obtain registration as a nurse practitioner? \_\_\_\_\_

2. Date you first obtained registration (dd/mm/yy): \_\_\_\_\_

3. List all locations where you have been registered/licensed as a nurse practitioner:

\_\_\_\_\_

4. List the jurisdiction(s) in which you hold your current nurse practitioner registration:

\_\_\_\_\_

5. What is your current professional title or designation in the jurisdiction in which you are currently registered (e.g. specialty NP, primary care NP): \_\_\_\_\_

6. List any current or past conditions, limitations or restrictions placed on your nurse practitioner registration by a regulatory body or employer or both (e.g. restricted to practise in oncology or pediatrics):

Condition/limit/restriction	Regulatory body/employer	Reason

7. Have you ever written a nurse practitioner licensing or credentialing examination?  Yes  No

If yes, complete the following:

Examination (e.g. ANCC)	Stream of practice (Family, Adult, Pediatric)	Date (dd/mm/yy)	Location

## Part E — Nurse practitioner registration status and experience cont'd

8. Have you ever been certified by an agency that credentials nurse practitioners (e.g. ANCC, AANPCB, PNCB)?

Yes       No

If yes, identify the agency: \_\_\_\_\_

9. Have you been registered with any other profession?       Yes       No

If yes, what profession?: \_\_\_\_\_

10. Record the total number of hours for each year you worked as a nurse practitioner from January to December in the past three years. DO NOT include hours as a registered nurse (not applicable for new graduates):

Year	Hours worked as a nurse practitioner

## Part F — Declaration, acknowledgment, undertaking and consent

### I declare that:

- To the best of my knowledge, all the information that I submit in or with this application is true and complete.
- I do not have any existing physical or mental health conditions, including substance use disorder, that impairs my ability to practice safely and competently.
- Any health profession registration/licensure I have held in BC or elsewhere is not currently or previously been subject to any charge, investigation, inquiry or review by a regulator.
- I confirm that any health profession registration/licensure I have held in BC or elsewhere has not resulted in my registration being revoked, suspended or subjected to limits and/or conditions.
- 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.
- 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.

### I acknowledge that:

- The information I submit in my application may be verified by BCCNM.
- 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.
- BCCNM collects, uses and discloses information as authorized by the Health Professions Act and the BC Freedom of Information and Protection of Privacy Act.

### 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.

### 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.

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

# Application for Nurse Practitioner Provisional Registration

## Instructions

- Applicant completes Parts A and B
- Employer completes Part C if required
- Please complete all fields. If the form is incomplete, your registration will be delayed.

## 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 — 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 BCCNM 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 BCCNM 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 BCCNM website in accordance with Section 22 of the Health Professions Act. 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 health care professionals.

By signing below, I acknowledge that I will submit a new application for nurse practitioner provisional registration if I change employers or wish to add a second employer.

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

Applicant name: \_\_\_\_\_

### Part C — Employer monitoring agreement

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 questions, please email [register@bccnm.ca](mailto:register@bccnm.ca). Please note: BCCNM cannot guarantee registration will be approved by the employment start date. If the applicant's employment start date is unknown, do not complete this section or return this form to BCCNM.

Employer name: \_\_\_\_\_

Facility (specify name): \_\_\_\_\_ Applicant employment start date (dd/mm/yy): \_\_\_\_\_

Facility representative name: \_\_\_\_\_ Position/title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone (include area code): \_\_\_\_\_

According to BCCNM policies, "monitoring" means that the registrant holding provisional registration is monitored and evaluated by the appropriate individual (i.e., a physician 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.bccnm.ca](http://www.bccnm.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 at the worksite indicated in Part C above 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 BCCNM Professional Conduct Review and may be suspended from practice.

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

### 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.

# Application for Nurse Practitioner Examinations

## Instructions

- Please complete both pages of this form in full and return it to BCCNM at [register@bccnm.ca](mailto:register@bccnm.ca) along with the payment form (form 33) and the correct fee. For more information, contact Registration Services.

## 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— Practice stream

- Nurse practitioner (Family)       Nurse practitioner (Adult)       Nurse practitioner (Pediatric)

## Part C — Written exam

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

- NP (Family) candidates:** Please refer to the following section of the BCCNM website for information on the NP (Family) written examinations recognized by BCCNM. You will need to make your own arrangements to complete one of the written examinations.
- 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.ccrnr.ca/exams.html](http://www.ccrnr.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.ccrnr.ca/exams.html](http://www.ccrnr.ca/exams.html).

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

If yes, please complete the following:

Exam name <i>(e.g. ANCC, AANPCB, PNCB)</i>	Stream of Practice <i>(Family, Adult, Pediatric)</i>	Date <i>(mm/dd/yy)</i>	Location

## Part D — Objective Structured Clinical Examination (OSCE)

See Form 33 for fee information. Fees are subject to change without notice. An OSCE orientation package will be provided to you at a later date.

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

## Part E — Exam date

Please visit our website to see upcoming exam dates and associated deadlines at [https://www.bccnm.ca/NP/applications\\_registration/exams/Pages/Exam\\_dates.aspx](https://www.bccnm.ca/NP/applications_registration/exams/Pages/Exam_dates.aspx) and include your desired exam date and stream of practice below:

Desired exam date (dd/mm/yy): \_\_\_\_\_ Stream of practice: \_\_\_\_\_

## Part E — Confidentiality agreement (must be signed by all NP 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 BCCNM. 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.

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_



## NP Application/Assessment/Examination Payment Form

### Instructions

- All fees must be paid in Canadian funds
- Fees are subject to change and are non-refundable.

### 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 — Fees

#### Examination fees

	Fee	Amount
<input type="checkbox"/> OSCE fee	\$2,530.00	_____

#### Application fees (including GST) - Check ONE

<input type="checkbox"/> Application Assessment Fee (for graduates of a B.C. NP program)	\$265.00	_____
<input type="checkbox"/> Application Assessment Fee (for graduates of a Canadian NP program)	\$345.00	_____
<input type="checkbox"/> Application Assessment Fee (for graduates of an international NP program)	\$690.00	_____
	<b>Total:</b>	_____

### Part C — Payment

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

BCCNM accepts the following payment methods:

- Credit card (VISA, American Express and MasterCard)
- Visa Debit
- INTERAC Online