

FOR BCCNM NURSE PRACTITIONERS

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

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Rescoring the examination

The BCCNM 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 BCCNM 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.

Retaking 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 exams@bccnm.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 BCCNM

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 BCCNM

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 https://www.bccnm.ca/NP/applications_registration/Provisional/Pages/Default.aspx

Resources

- [NP OSCE Candidate Guidebook \(Family, Pediatric or Adult\)](#)
- [NP \(Family, Pediatric or Adult\) OSCE Blueprint](#)
- Global Assessment Scoring Tool
- Example of a Couplet Station

Application for Nurse Practitioner Examinations

Instructions

- Please complete both pages of this form in full and return it to BCCNM at 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
- 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.

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 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): _____

Application to Rescore OSCE

All borderline OSCE scores are automatically re-verified by the BCCNM Nurse Practitioner Examination Committee. All rescoring of the OSCE are approved by the BCCNM 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 \$250.

PART A — Personal information

Last name: _____ First name(s): _____

Middle name: _____ Former name(s) if applicable: _____

Candidate ID number: _____ BCCNM ID: _____

Address (Apt/Box/#/Street): _____ City/town: _____

Province/State: _____ Country: _____ Postal code/zip code: _____

Email: _____ Telephone: _____

Part B — Method of payment

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

Forward completed form directly to:

BCCNM Registration
900-200 Granville Street
Vancouver, BC
Canada V6C 1S4
exams@bccnm.ca
Fax 604.899.0794

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. 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 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.

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
OSCE fee	\$2,530.00	_____
Application fees (including GST) - Check ONE		
Application Assessment Fee (for graduates of a B.C. NP program)	\$265.00	_____
Application Assessment Fee (for graduates of a Canadian NP program)	\$345.00	_____
Application Assessment Fee (for graduates of an international NP program)	\$690.00	_____
	Total:	_____

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