



## Nurse Registration in British Columbia

### Application Package for B.C. Graduates

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#### CHECK LIST

- Have you enclosed a photocopy of identification documents (i.e., copy of your passport, birth certificate, citizenship document) that prove your identity? Include a copy of your birth certificate and a name change document (e.g., marriage certificate or legal change of name document) if your name has changed.
- Have you answered all questions on Form 50: Application for Nurse Registration?
- Have you completed and had **Form 11 notarized by a notary public or commissioner for taking oaths, and has a stamp or seal been applied? Failure to complete and notarize Form 11: Statutory Declaration will result in your application being returned to you. (Required only if you have not previously completed a Form 11 with CRNBC.)**
- Have you completed and signed Form 12: Consent to a Criminal Record Check and submitted the fee.
- Have you enclosed Form 56: Payment Form - Provisional Registration/B.C. Graduate Applicants and appropriate fees?
- Have you fully completed Form 18: Application to Write the CRNE and submitted the appropriate fee?



## Application for Nurse Registration in British Columbia - B.C. Graduates

**INSTRUCTIONS:** Complete all sections of Form 50 and answer all questions. Print in ink.  
**Failure to answer questions will result in your application being returned to you.**

If you legally changed your name since you last registered with CRNBC, attach a photocopy of a marriage or birth certificate, passport, permanent residency or citizenship papers, or official change of name document that shows your new name.

### A. PERSONAL INFORMATION

Current Legal Name \_\_\_\_\_  
Last First Middle

Former Name(s) \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Birth/Former/Secular if any, e.g., birth name as indicated on birth certificate If different than above

Mailing Address \_\_\_\_\_  
Apt./Box No. Number Street

\_\_\_\_\_ City/Town Province/State/Country Postal/Zip Code

Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Include Area Code

Date of Birth \_\_\_\_\_ **Please attach an identification document with application.** Sex  Male  Female  
Day Month Year

Your Personal Security Word \_\_\_\_\_  
Example: Your mother's maiden name

### B. CRIMINAL RECORD REVIEW

- Have you ever been charged or convicted of a criminal offence?  No  Yes
  - 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](http://www.crnbc.ca/Registration/Lists/RegistrationResources/form75infoonCriminaloffences.pdf)

### C. FITNESS TO PRACTICE

- Do you have any physical or mental conditions or addictions to alcohol or drugs that may impair your ability to work as a registered nurse? If yes, please attach an explanation  No  Yes
- Have you ever been denied registration by a professional committee or regulatory body? If yes, please attach an explanation  No  Yes
- Have you ever been disciplined by a professional committee or regulatory body? If yes, please attach an explanation  No  Yes

### D. NURSING EDUCATION – Enter actual name of each nursing school/program (include any collaborative nursing program)

Name and Address of each nursing program attended	Date Entered MO/YR	Date Completed MO/YR

### E. DECLARATION AND ACKNOWLEDGEMENT

By signing below, I declare that the information provided on this form is true and correct. I understand that falsification of this application, or the submission of any falsified documents to CRNBC, or the submission of any falsified CRNBC documents to other agencies may be cause for CRNBC to withhold registration, revoke registration or take other appropriate action.

By signing below, I acknowledge that my name, registration number and status will be published on the CRNBC website, in accordance with Section 22 of the Health Professions Act, upon being granted registration. 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 \_\_\_\_\_ Date \_\_\_\_\_



## Statutory Declaration

CANADA PROVINCE OF BRITISH COLUMBIA IN THE MATTER OF AN APPLICATION FOR REGISTRATION IN THE  
COLLEGE OF REGISTERED NURSES OF BRITISH COLUMBIA

I, \_\_\_\_\_, of \_\_\_\_\_  
city/country

do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:
2. My past conduct does not demonstrate any pattern of incompetency or untrustworthiness which would make registration contrary to the public interest.
3. I am a person of good character.
4. My entitlement to practise nursing has not been limited, restricted or subject to conditions in any jurisdiction at any time except as follows:
5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise nursing in that jurisdiction except as follows:
6. I am aware of the Health Professions Act of British Columbia and the Regulation and Bylaws of the College of Registered Nurses of British Columbia made pursuant to that Act.
7. I will practise at all times in compliance with the Health Professions Act of British Columbia and the Regulation and Bylaws of the College of Registered Nurses of British Columbia made pursuant to that Act.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

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

DECLARED before me at the city of \_\_\_\_\_ in \_\_\_\_\_  
country

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
A Commissioner for taking Affidavits

## INFORMATION FOR APPLICANTS

### Health Professions Act, Nurses (Registered) and Nurse Practitioners Regulation, and CRNBC Bylaws

#### **HEALTH PROFESSIONS ACT**

On August 19, 2005, the Registered Nurses Association of British Columbia officially became the College of Registered Nurses of British Columbia (CRNBC). CRNBC is empowered under the Health Professions Act to regulate the practice of registered nurses and nurse practitioners in British Columbia. The Health Professions Act is umbrella legislation that provides for a common regulatory structure for British Columbia's health professions.

#### **CRNBC BYLAWS**

Under this Act, CRNBC has the duty to serve and protect the public, to exercise its powers and to fulfill its responsibilities in the public interest. To achieve these goals, the Act grants CRNBC the power to make bylaws to govern registrants. CRNBC is authorized to make bylaws that, among other things: establish procedures for the election of board members; create committees of the Board; establish standards of academic achievement and qualification for registration; develop, monitor and enforce standards of practice and professional ethics; and operate continuing competencies and quality assurance programs.

#### **NURSES (REGISTERED) AND NURSE PRACTITIONERS REGULATION**

The Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act sets out reserved titles, a scope of practice statement and reserved actions for general and CRNBC-certified registered nurse practice as well as additional reserved actions for nurse practitioners. It also gives CRNBC the authority to set standards, limits and conditions on nurses' practice.

#### **Reserved Titles**

Only registrants of CRNBC can use the titles "registered nurse," "licensed graduate nurse" or "nurse." "Nurse practitioner" is also a reserved title under the Regulation (see the CRNBC Practice Standard *Appropriate Use of Titles by Nurses*, available from the CRNBC website [www.crnbc.ca](http://www.crnbc.ca)).

#### **Scope of Practice**

Scope of practice refers to activities that registered nurses are educated and authorized to perform. These activities are established through the legislated definition of registered nursing practice and are complemented by standards, limits and conditions set by CRNBC.

"Nursing" is defined as the health profession in which a person provides or performs the following services:

- health care for promoting, maintaining and restoring health
- prevention, treatment and palliation of illness and injury, primarily by assessing health status, planning and implementing interventions, and coordinating health services

#### **Restricted Activities**

The introduction of restricted activities under the Health Professions Act is new for registered nurses. Most activities that registered nurses carry out do not involve performing restricted activities.

Restricted activities are clinical activities that present a significant risk of harm and are therefore assigned by government to specified health professions only. The Regulation assigns specific restricted activities to registered nurses.

***The Health Professions Act, Nurses (Registered) and Nurse Practitioners Regulation, and CRNBC Bylaws are available from the About Us section of the CRNBC website [www.crnbc.ca](http://www.crnbc.ca)***





# Consent to a CRIMINAL RECORD CHECK

For working with children and/or vulnerable adults

## CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children and / or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA):** The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.



# Criminal Record Checks

## THE CRIMINAL RECORDS REVIEW ACT

The B.C. Criminal Records Review Act is intended to help protect children and vulnerable adults from physical and sexual abuse.

The Act requires all practising registrants of CRNBC to undergo a criminal record re-check every five years.

### Who is covered?

The law applies to all practising registrants as well as new registrants of professional regulatory bodies and all current and new employees working in organizations operated, funded or licensed by the provincial government.

### How does it work?

1. Each applicant and registrant who does not have a current criminal record check completed through CRNBC is requested to submit consent and payment information to CRNBC for this process.
2. CRNBC forwards the consent and payment provided to the Ministry of Public Safety and Solicitor General.
3. The Ministry runs checks against provincial data and RCMP information. If criminal records are found, they are examined to determine relevancy to physical or sexual abuse.
4. CRNBC is informed when no relevant record is found.
5. If a possible relevant record exists, the Ministry may request the individual to provide fingerprints to the RCMP.
6. The Ministry informs CRNBC when a relevant record exists, but provides no other information about the record. The file is forwarded to the Deputy Registrar, Criminal Records Review Program to determine the risk of sexual or physical abuse to children and vulnerable adults.
7. If the Deputy Registrar determines that there is no risk to children and vulnerable adults, CRNBC is informed. As “good character” is a requirement for registration, further review by CRNBC may be required.
8. If the Deputy Registrar determines that a risk exists, the individual, CRNBC and the employer are informed. CRNBC takes action in accordance with the Health Professions Act.
9. The individual may appeal the decision of the Deputy Registrar.

## QUESTIONS AND ANSWERS

### I have just had a criminal record check done for employment. Will I require another?

Yes, all applicants, CRNBC registrants and former CRNBC registrants must submit Form 12: Consent to a Criminal Record Check to CRNBC. The check must be done through the Ministry of Public Safety and Solicitor General. In addition to checking RCMP records, other records that are not usually part of a criminal record check by the RCMP (e.g. provincial and young offenders’ records) will be checked.

### What will happen if I do not submit a signed Consent to a Criminal Record Form to CRNBC?

CRNBC cannot grant you registration unless you have submitted a consent form to CRNBC.

### How much will it cost?

The cost of the criminal record check is \$20. There is an additional cost if fingerprints are required.

CRNBC is responsible for ensuring that all registrants and applicants for registration are checked. This includes copying and sending out consent forms, answering questions, developing and maintaining computer programs, and forwarding information to provincial authorities.

### How long will it take?

If there are no relevant criminal records, CRNBC is informed within 1-2 weeks after the consent is submitted to the Ministry of Public Safety and Solicitor General.

If there is a possible record and fingerprints are required, it may be six months or more before the outcome is known.

### How often will I need to have a criminal record check done?

You will be required to undergo a criminal record check every five years to maintain registration with CRNBC.

The Ministry of Public Safety and Solicitor General will notify CRNBC of any subsequent relevant criminal offences you may have.

You are also required to report any subsequent charges or convictions to CRNBC (in signing the consent form you are agreeing to do so). In such instances, an additional criminal record check may be required.

### Will I be told about the results of the criminal record check?

You will be notified only if a possible relevant record is found. CRNBC does not provide a copy of the result of your criminal record check. As the result is returned electronically, there is no paper copy.

**What are relevant criminal records?**

The Criminal Records Review Act lists [relevant offences](#) associated with risk to children and vulnerable adults. They are used as a basis for determining if a person presents a risk to children and vulnerable adults. Convictions related to provincial or minor criminal offences, not related to the protection of children and vulnerable adults, are not included.

**If I have a criminal record, who will have access to this information?**

If you have a record, but it is not relevant to the protection of children and vulnerable adults, the Ministry of Public Safety and Solicitor General does not release this information.

If you have a relevant record, CRNBC is informed that there is a relevant record, but no other information is provided.

If the Deputy Registrar, Criminal Records Review Program determines there is no risk to children and vulnerable adults, CRNBC is informed of the Deputy Registrar's decision and may request a copy of the written reasons for the decision.

If the Deputy Registrar determines that a risk to children and vulnerable adults exists, CRNBC and the employer(s) are notified. CRNBC would take action using existing procedures. However, information would be protected, as it is now under the Freedom of Information and Protection of Privacy Act.

**Who do I call for more information about the Criminal Records Review Act?**

Contact Enquiry BC at 1.800.663.7867. In Vancouver call 604.660.2421; in Victoria call 250.387.6121. Ask for the Criminal Records Review Program information line.

**CONSENT TO A CRIMINAL RECORD CHECK FORM (FORM 12) CHECKLIST**

Check that you have:

- completed the entire form
- recorded all current and former names, including maiden name
- recorded all names in full and used no initials
- read and understood the information on side two of the form
- signed and dated Form 12: Consent to a Criminal Record Check
- included \$20 (non-refundable) for the processing fee (if paying by cheque, please make payable to CRNBC)

Return the completed and signed authorization form to CRNBC at the address below.

© Copyright College of Registered Nurses of British Columbia/April 2011  
 2855 Arbutus St., Vancouver, BC V6J 3Y8  
 Tel 604.736.7331 or 1.800.565.6505 Fax 604.738.2272  
[www.crnbc.ca](http://www.crnbc.ca)  
 Pub. 674



## Application to Write the Canadian Registered Nurse Examination

Payment (Form 56) must be submitted with this application. CRNBC does not accept cheques. Please complete the payment form and submit it with a bank draft, money order or credit card details. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. Refer to the *Canadian Registered Nurse Examination* fact sheet for more information.

Applicant's Name \_\_\_\_\_  
Last First Middle

E-mail \_\_\_\_\_  
All examination communication will be sent to this e-mail address

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Include Area Code

Have you previously written the Canadian Registered Nurse Examination?  YES  NO

If yes, list dates and provinces of all previous writings: \_\_\_\_\_

Please indicate when and where you wish to write the examination (check one only). There is no guarantee that this centre will be available. CRNBC encourages you to apply early if you have a specific preference.

**February 6, 2013**  Vancouver  Surrey

Application Deadline: Nov.14, 2012  
Withdrawal Deadline for Partial Refund: Jan. 30, 2013

**June 5, 2013**  Vancouver  Surrey  Victoria  Kamloops  Quesnel  
 Castlegar  Kelowna  Nanaimo  Prince George  Terrace

Application Deadline: March 27, 2013  
Withdrawal Deadline for Partial Refund: May 29, 2013

**October 2, 2013**  Vancouver  Surrey  Nanaimo  Kamloops

Application Deadline: July 31, 2013  
Withdrawal Deadline for Partial Refund: Sep. 25, 2013

**NOTE: Do not take any books, notes, calculators or other aids with you into the examination room. All electronic devices, including electronic watches, organizers and communication devices, such as pagers and cellular telephones, are prohibited**

Confirmation will be emailed to applicants 4-6 weeks prior to the examination date. Applicants must provide a current email address on this application form.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, you provide consent for the release of your examination results to the director of your nursing education program. Only the results are provided; your identity will remain confidential.

### FOR OFFICE USE

Eligible to write  Feb  June  Oct

Amount \_\_\_\_\_ Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

School Code \_\_\_\_\_

File No. \_\_\_\_\_

Writing No. 1 2 3 4

With  Without conditions

Conditions:  Course \_\_\_\_\_

English  Exam App

I.D. \_\_\_\_\_

Other \_\_\_\_\_

Condition No: \_\_\_\_\_

Conditions Met \_\_\_\_\_

Letter Code \_\_\_\_\_



## Application for Provisional Registration

For use by eligible Canadian applicants only.

If this form is incomplete, your registration will be delayed.

### Part A – Personal Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ BC File/Reg No \_\_\_\_\_

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

### Part B – Applicant Acknowledgement and Consent

- By signing below, I acknowledge my full and complete understanding of the specific conditions indicated in Part C 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 – Conditions on Provisional Registration

The following condition will apply to provisional registration once issued:

1. The applicant must meet all conditions on provisional registration within 12 months.
2. The applicant must write and pass the Canadian Registered Nurse Exam (CRNE).
3. Provisional registration will expire if the registrant does not pass the CRNE after two attempts.



## Payment Form – Provisional Registration/B.C. Graduate Applicants

Applicant's Name (print) \_\_\_\_\_

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

Please read carefully to ensure you pay the correct fee. Check all that apply:

AMOUNT

<input type="checkbox"/> Examination Fee \$615 + \$73.80 HST	\$688.80	_____
<input type="checkbox"/> Criminal Record Check Processing Fee (required only if you <b>have not</b> previously completed a criminal record check with CRNBC)	\$20.00	_____
<input type="checkbox"/> Full-Year Provisional Registration Fee (Expires the following March 1) Employment start date is between Mar. 1 and Aug. 31 \$423 + \$50.76 HST	\$473.76	_____
<b>OR</b>		
<input type="checkbox"/> Half-Year Provisional Registration Fee (Expires the following March 1) Employment start date is between Sept. 1 and Feb. 28 \$211.50 + \$25.38 HST	\$236.88	_____
<input type="checkbox"/> B.C. Graduate Application Fee \$50 + \$6 HST	\$56.00	_____
	<b>TOTAL</b>	_____

### Credit Card Payment

Please charge my  VISA  MASTERCARD  AMERICAN EXPRESS \$ \_\_\_\_\_

Payment by:  Visa  Mastercard  American Express  Bank Draft/Money Order (Payable to CRNBC)

Credit Card Number \_\_\_\_\_

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

month/year

Cardholder's Name \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_