

Self-Reporting Form

Please review the College's Collection of Personal Information statement in the *Mandatory Reporting: A process guide for employers, facility operators and nurses* to understand how the College uses your information.

Provide the following information and return by mail to the College of Nurses of Ontario (the College).

Name (including maiden name or other names)

Registration No.

Home Address

Street Address

City/Town

Province/State

Postal/Zip Code

Telephone No.: (home)

Telephone No.: (business)

WARNING Member — in completing this form, you shall not report any information that violates a publication ban. (Note: Information about College proceedings need not be reported.)

1. Have you been found guilty of an offence? This includes criminal offences, as well as offences under federal or provincial statutes, that did or could have resulted in a jail sentence. You have been found guilty of an offence even if you have been pardoned or received a conditional or absolute discharge. Yes No
2. Are you the subject of any ongoing disciplinary or incapacity proceeding, or have you been found guilty of professional misconduct, incompetence or incapacity, in Ontario or in another jurisdiction, in relation to the nursing profession or another health profession? Yes No
3. Since June 4, 2009, has there been a finding of professional negligence and/or malpractice made against you? Yes No

If you answered 'yes' to any of the preceding questions, please complete the information below. This information will be reviewed by the Professional Conduct department to determine if further action is required. You will be notified in a subsequent letter as to what action, if any, will be taken.

Date

Signature

1. OFFENCE

Nature of Offence: _____

Description of Offence: e.g., "I was found guilty of theft under \$5,000 for shoplifting items valued at \$500."

Date you were found guilty: _____

Sentence: _____

Court name and location where trial was held: _____

Is the finding of guilt under appeal? YES NO

If yes, please indicate the status of the appeal: _____

(Note: If there is a change in the finding of guilt as a result of an appeal, you are required to file an amended report.)

2. DISCIPLINARY/INCAPACITY PROCEEDING

Name of Governing Body: _____

Street Address: _____

City/Town: _____ Province/State: _____ Postal/Zip Code: _____

Date Proceeding Initiated: _____

Outcome (if known): _____

Contact Person: _____

3. FINDING OF PROFESSIONAL NEGLIGENCE AND/OR MALPRACTICE

As required by Section 23(2)8 of the *Health Professions Procedural Code, Schedule 2 of the RHPA*, this information will be published on the website in the College's Register.

Only findings made on or after June 4, 2009 are required to be reported to the College.

Nature of finding: _____

Description of finding: _____

Date finding was made: _____

Court name and location where trial was held: _____

Is the finding under appeal? YES NO

If yes, please indicate the status of the appeal: _____

(Note: If there is a change in the finding as a result of an appeal, you must file an amended report.)

ADDITIONAL INFORMATION/EXPLANATION

(add page if necessary)

Date

Signature