Application Form for Temporary Registration

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

College of Nurses of Ontario
101 Davenport Rd, Toronto ON M5R 3P1
www.cno.org

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Section 1: To be completed by the prospective employer and returned to applicant

OFFER OF EMPLOYMENT

Full Name of Applicant:

Last Name _____ First Name _____

Employment Facility (*please state site location if split-site facility*)

Facility _____ Site _____

Telephone Number _____ Ext. _____ Mailing Address _____

Fax Number _____ City _____

E-mail Address _____ Province _____ Postal Code _____

Starting Date of Employment: _____
DD MM YYYY

Category of Nurse: ☐ Registered Nurse (RN) ☐ Registered Practical Nurse (RPN)

If your facility is described below, check the appropriate box and attach documentary evidence of your facility's designation. If your facility is not described below, it must be approved by the College of Nurses of Ontario (CNO). To determine if your facility can be approved, complete the information above and submit it to CNO.

The following facilities are designated under Schedule 1 of Regulation 275/94 of the *Nursing Act* (1991) as approved employment settings for a Temporary Certificate of Registration:

- ☐ Approved Charitable Homes for the Aged under the *Charitable Institutions Act*
- ☐ Boards under the *Education Act*
- ☐ Boards of Health under the *Health Protection and Promotion Act*
- ☐ Homes for the Aged under the *Homes for the Aged and Rest Homes Act*
- ☐ Independent health facilities under the *Independent Health Facilities Act*
- ☐ Psychiatric facilities under the *Mental Health Act*
- ☐ Designated institutions under the *Mental Hospitals Act*
- ☐ Nursing homes under the *Nursing Homes Act*
- ☐ Agencies, Boards and Commissions as defined by the Government of Ontario
- ☐ Public hospitals under the *Public Hospitals Act*
- ☐ Institutions funded by the Minister of Health and Long-Term Care as Community Health Centres (CHCs), Health Services Organizations (HSOs) or Comprehensive Health Organizations (CHOs)
- ☐ Post-secondary education institutions

I, as a representative of the prospective employer named in this form and vested with sufficient authority, hereby certify that all information provided on this form is true, accurate, and complete. If the applicant named on this form is granted a Temporary Certificate of Registration to practise in, or for, our facility, we accept the responsibility of ensuring that she or he practises in accordance with any terms, conditions and limitations set out in that certificate.

Name _____ Date _____

Title _____ Signature _____

Application Form for Temporary Registration

Section 2: To be completed by applicant

Last Name

First Name

Date of Birth (DD/MM/YYYY) Phone Number

School of Nursing

Applicant's Mailing Address

City

Province Postal Code

1. Are you a Canadian citizen, a holder of permanent resident status in Canada, or authorized under the *Immigration & Refugee Protection Act* (Canada) to practise nursing in Canada? ☐ NO ☐ YES
   If "YES" please provide proof of your status by attaching photocopies of your supporting documents. ***Please refer to www.cno.org/reg for a list of acceptable documents.***
2. Have you ever been denied registration/licensure by a registration/licensing authority for nursing (RN/RPN) in any province, territory, state or country? ☐ NO ☐ YES
3. Have you ever had your nursing registration revoked, suspended, surrendered, restricted or subjected to individual terms and conditions by a registration/licensing authority for nursing or another health profession in Ontario or in another province, territory, state or country? ☐ NO ☐ YES
4. Are you currently under an investigation, or involved in any proceedings, which could result in the encumbrance of your registration/licensure by a registration/licensing authority for nursing or another health profession in Ontario or in another province, territory, state or country? ☐ NO ☐ YES
5. Have you ever been found guilty of a criminal offence? ***For an explanation of what constitutes a finding of guilt of a criminal offence, refer to the Declaration of Registration Requirements at www.cno.org/docs.*** ☐ NO ☐ YES
6. Have you ever been guilty of an offence under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada)? ☐ NO ☐ YES
7. Have you ever been, or are you currently, affected by a physical or mental condition or disorder that could affect your ability to practise nursing? ***It is not necessary that your condition or disorder be currently affecting your practice in order for you to have a reporting obligation. For an explanation, refer to the Declaration of Registration Requirements factsheet at www.cno.org/docs.*** ☐ NO ☐ YES

If you answered "YES" to any question(s) from 2 to 7 please refer to the *Declaration of Registration Requirements* factsheet at **www.cno.org**.

I,_____, hereby certify that I am the person applying for a Certificate of Registration and that all statements on this form are true and complete in every respect. I understand that falsification, misrepresenation or providing misleading information knowlingly on this application may result in the cancellation of my application for registration

I hereby give my consent to all persons who offer employment to me for the purpose of Temporary Registration, to receive any information from the College of Nurses of Ontario which may in any way be relevant to my application for Temporary Registration. This authority will remain in force for the period of my membership in the Temporary Class or the termination of my employment with this employer, whichever occurs earlier. ☐ NO ☐ YES

Applicant's Signature

Date

Section 3: Please fill out this payment slip for your temporary registration fee.

AMOUNT: $288.15 includes ***non-refundable*** application, temporary registration and annual membership fees, plus HST

☐ Cheque or Money Order (in Canadian funds only, payable to College of Nurses of Ontario) Post-dated chques will not be accepted.

☐ VISA ☐ MasterCard ☐ American Express

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Expiry Date: _____ (MM YY)

Signature of Card Holder

HST # R106953904