



Special Assignment Class (Emergency)

101 Davenport Road,
Toronto Ontario M5R 3P1
Tel: 416-928-0900; Toll Free: 1-800-387-5526
Fax: 416-928-0725
Attn.: Emergency Registration

Undertaking/Agreement

This form must be completed by the applicant

I understand, that under the *Regulated Health Professions Act, 1991*, and the *Nursing Act, 1991*, I may be entitled to a Special Assignment Certificate of Registration as a Registered Practical Nurse (RPN) or Registered Nurse (RN).

I wish to receive a Special Assignment Certificate of Registration as an RPN or RN in Ontario to be effective _____ in order that I may provide nursing services on an emergency basis at
date

_____ I understand that the College of Nurses of Ontario (the College)
emergency care facility or site
has requested an agreement from me to process my Special Assignment Certificate of Registration.

I, _____, undertake and agree to:
name of applicant

1. confirm that I am applying to practise in Ontario for the sole purpose of providing assistance during an emergency situation;
2. provide information regarding the requirements applicable to the Special Assignment Class of Registration;
3. authorize my employer(s) and/or previous employer(s) within the past five years to provide information to the College's Executive Director regarding my current and/or previous practice; and
4. provide authorization to the nursing regulatory body with which I am currently registered/licensed to provide the College's Executive Director with information confirming my licensure/registration with that regulatory body, as well as information regarding my current standing with that regulatory body.

1. That the Special Assignment Certificate of Registration as an RPN or RN, once issued to me, shall be subject to the following restrictions, conditions and limitations:
 - a. I shall only engage in the practice of nursing at _____.
emergency care facility or site
 - b. I shall only engage in the practice of nursing that relates to the terms, conditions and limitations as outlined in my certificate.
 - c. I shall restrict my practice of nursing as outlined in my certificate.
2. That my certificate of registration shall be subject to these restrictions, conditions and limitations unless altered by agreement in writing between the College and myself.

3. That I shall inform the College if my assignment at _____
emergency care facility or site is terminated for any reason.

4. That I shall inform the College if I choose to leave my designated position at _____
emergency care facility or site.

5. That I hereby authorize _____
emergency care facility or site to provide any information to the College regarding my nursing practice or, if applicable, reasons for termination.

I further acknowledge that, pursuant to the *Nursing Act, 1991* and its regulations, my Special Assignment Certificate will be subject to the following conditions:

- a. To practise the profession of nursing only within the scope of my assignment at _____
emergency care facility or site and in accordance with the terms, conditions and limitations set out in my certificate.

 - b. My Special Assignment Certificate of Registration will **expire** on the last day of my **appointment** or Special Assignment at _____
emergency care facility or site — not to exceed **60** days total duration.
- OR**
- c. Within 60 days of issue.

Signature: _____

Date: _____