



SELF-REPORTING FORM

College of Nurses
of Ontario

Criminal Offences

Disciplinary/Incapacity Proceedings

Name of Member: _____ College Registration No.: _____

Home Address: _____

City/Town: _____ Province/State: _____

Postal/Zip Code: _____ Telephone No.: _____

Criminal Offence

Members must report if they have been found guilty of any criminal offence or an offence under the Narcotic Control Act or the Food and Drug Act. This includes proceedings where there was a criminal trial and offences under the Province of Ontario Statutes that did or could have resulted in a jail sentence.

Section of Criminal Code/Nature of Offence: _____

Date of Guilty Finding: _____

Penalty: _____

Court: _____

(Name and location where proceeding was held)

Disciplinary/Incapacity Proceedings

Members must report if they are the subject of any ongoing disciplinary or incapacity proceeding or if they have been found guilty of professional misconduct, incompetence or incapacity, whether in Ontario or in another jurisdiction, in relation to the nursing profession or another health profession.

Name and Address of Governing Body

Name: _____

Street: _____

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

Date Proceeding Initiated: _____

Outcome (if known): _____

Contact Person: _____

Other Relevant Information:

Signature: _____ Date: _____