

# Self-Reporting Form

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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**

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\_\_\_\_\_

(add page if necessary)

Date

Signature