

# Self-Reporting Form

101 Davenport Road, Toronto, Ontario  
Canada M5R 3P1  
[www.cno.org](http://www.cno.org)

Telephone 416 928-0900  
Toll Free (Canada) 1 800 387-5526  
Facsimile 416 928-6507

THE STANDARD OF CARE.

## How to complete this form.

Step 1: Please review the *Privacy Policy* at [www.cno.org/privacy](http://www.cno.org/privacy) to understand how your personal information will be used.

Step 2: Fill out the details of the form. Please note:

- Self-reporting information may be published on the CNO's online public register, Find a Nurse, in accordance with Section 23 of the *Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991*.
- In completing this form you shall not report any information that violates a publication ban
- Information about CNO proceedings need not be reported.

Step 3: Sign and date form on bottom of page 3.

Step 4: Mail completed form to CNO using the mailing address at the top of this form.

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)

1. Have you been charged with an offence in any jurisdiction? An offence is a breach of law that is prosecuted in a court. This includes any offence in any jurisdiction.  Yes  No
2. Have you been found guilty of an offence? This includes any offence in any jurisdiction, including but not limited to any criminal offence, as well as any offence under federal or provincial statute. You have been found guilty of an offence even if you have been pardoned or received a condition or absolute discharge.  Yes  No
3. Are you the subject of any current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to any profession in any jurisdiction, or have you been found guilty of professional misconduct, incompetence or incapacity or any similar finding in relation to any profession in any jurisdiction?  Yes  No
4. 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 on the following pages. This information will be reviewed by the Professional Conduct team to determine if further action is required. You will be notified in a subsequent letter as to what action, if any, will be taken.

# Self-Reporting Form (continued)



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

## 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 (or charged): \_\_\_\_\_

Sentence: \_\_\_\_\_

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

Description of any bail conditions: \_\_\_\_\_

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

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: \_\_\_\_\_

# Self-Reporting Form (continued)



## 3. FINDING OF PROFESSIONAL NEGLIGENCE AND/OR MALPRACTICE

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

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