COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO
THE STANDARD OF CARE. L'EXCELLENCE EN SOINS

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APPLICATION FOR A CERTIFICATE OF REGISTRATION IN THE TEMPORARY CLASS

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

OFFER OF EMPLOYMENT
Full Name of Applicant

Last Name _____ First Name _____

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

Facility _____ Site _____

Telephone Number _____ Ext. _____ Mailing Address _____

Fax Number _____ City _____

Email Address _____ Province _____ Postal Code _____

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

If your facility is described below, check the appropriate box. If your facility is not described below, it must be approved by the College of Nurses of Ontario. You may be required to provide documentary evidence of your facility's designation or additional information regarding your facility.

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

☐ Boards under the *Education Act*

☐ Independent Health Facilities under the *Independent Health Facilities Act*

☐ Psychiatric Facilities under the *Mental Health Act*

☐ Institutions funded by the Minister of Health and Long-Term Care as Community Health Centres (CHCs), Nurse Practitioner-Led Clinics (NPLCs) or Family Health Teams, and physicians funded by Ministry of Health and Long-Term Care primary care alternate payment plan agreements

☐ Boards of Health under the *Health Protection and Promotion Act*

☐ Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*

☐ Hospitals under the *Public Hospitals Act*

☐ Agencies, Boards and Commissions as defined by the Government of Ontario

☐ Post-secondary educational institutions

☐ Other: _____

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. I have read and understand the terms, conditions and limitations on all Certificates of Registration in the Temporary Class. I further declare that if the applicant named on this form is granted a Certificate of Registration in the Temporary Class to practise in, or for, our facility, we accept the responsibility of ensuring that her or his practice will be monitored and directed by a member of the College's General or Extended Class and that she or he practises in accordance with any terms, conditions and limitations set out in that certificate.

Name _____ Date _____

Title _____ Signature _____

Section 2: To be completed by the applicant

Please review the Privacy Code on the College's website (www.cno.org/privacy) to understand how your personal information will be used.

Last Name

First Name

Date of Birth (DD/MM/YYYY)

School of Nursing

Applicant's Mailing Address

City

Province Postal Code

1.	Have you ever been found guilty of any criminal offence, any offence relating to the use, possession or sale of drugs, any offence under the *Controlled Drugs and Substances Act* (Canada), or any other offence in relation to the practice of nursing or another profession in any jurisdiction?	No ○ Yes ○
2.	Have you ever been the subject of a finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against you in relation to the practice of nursing or another profession in any jurisdiction?	No ○ Yes ○
3.	Are you the subject of a current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of nursing or another profession in any jurisdiction?	No ○ Yes ○
4.	Are you the subject of a current proceeding in respect of any offence in any jurisdiction?	No ○ Yes ○
5.	Have you ever been refused registration as a nurse or in another profession in any jurisdiction?	No ○ Yes ○
6.	Is there anything in your past or present that would provide reasonable grounds for the belief that you:	
i.	suffer from any physical or mental condition or disorder that could affect your ability to practise nursing in a safe manner?	No ○ Yes ○
ii.	will not practise nursing with decency, honesty and integrity and in accordance with the law?	No ○ Yes ○
iii.	do not have sufficient knowledge, skill and judgment to competently engage in the practise of nursing authorized by the certificate of registration?	No ○ Yes ○
iv.	will not display an appropriate professional attitude?	No ○ Yes ○

I agree and understand that as of the date of completion of this application, I am responsible for providing the Executive Director with the details of any new information that would change my response to any question on the declaration after my application is submitted and until a Certificate of Registration is issued. I understand that this requirement will continue even after the date my Certificate of Registration is issued.

I, _____, hereby certify that I am the person applying for a Certificate of Registration in the Temporary Class and that all statements on this form are true and complete in every respect. I understand that falsification, misrepresentation or providing misleading information knowingly on this application may result in the cancellation of my application for registration. I declare that I have read and understand the terms, conditions and limitations applicable to all Certificates of Registration in the Temporary Class. If I am granted a Certificate of Registration in the Temporary Class to practise in or for the facility named on this form, I accept the responsibility of ensuring that my practice will be monitored and directed by a member of the College's General or Extended Class and that I will practise in accordance with any terms, conditions and limitations set out in that certificate.

Applicant's Signature

Date

Section 3: Payment

HST # R106953904

AMOUNT: $339.00 includes **non-refundable** application, temporary registration and annual membership fees, plus HST.

VISA ☐ MasterCard ☐ American Express ☐

CARD NUMBER: _ _ _ _-_ _ _ _-_ _ _ _-_ _ _ _ **EXPIRY DATE** (MM/YY): _____/ _____

NAME OF CARDHOLDER: _____ **SIGNATURE OF CARDHOLDER**: _____