
OPENING SELF-EMPLOYED PRACTICE NOTIFICATION & DECLARATION

As per policy AA-17, RNs and RN(NP)s must disclose their self-employed practice when they:

- own a sole proprietorship, partnership or corporation that provides registered nursing services (RN or RN(NP)) or
- work as independent contractors responsible for the collection, use, disclosure, security, retention, destruction and access (trustee) of personal health information.

This form must be completed and submitted to selfemployed@crnm.mb.ca prior to seeing your first client. Questions about this form can be directed to selfemployed@crnm.mb.ca.

Name: _____

College registration number: _____

Business Name: _____

(if you do not have a business name, specify independent contractor acting as trustee of personal health information)

Summary of Registered Nursing Services to be provided

Please provide specific details of the RN or RN(NP) services and/or procedures to be provided in this practice.

For Direct Care Providers:

List of any Reserved Acts requiring Additional Education that you or your employees will be providing.

(more information can be found [here](#))

If you do not perform reserved acts requiring additional education, leave section blank.

DECLARATION

I understand that I am accountable and it is my professional responsibility to:

- Demonstrate compliance with federal, provincial, and municipal laws in my self-employed practice policies and procedures. This includes compliance with *The Regulated Health Professions Act*, Regulations, Practice Directions and the Code of Ethics.
- Only perform a reserved act or any other registered nursing service if I am legally permitted and competent to perform it and it is safe and appropriate for the procedure being performed.
- Keep the employer tab on my CRNM profile up to date with my self-employed practice information.
- Maintain, and be prepared to submit upon request, up-to-date position descriptions for myself and any registered nurse employee I may have.
- Have a third party (accountant, lawyer) available to verify my self-employed practice hours if requested by the College.
- Notify the College (selfemployed@crnm.mb.ca) if the summary of my registered nursing services provided substantively changes or includes a change to a reserved act requiring additional education.
- Notify the College (selfemployed@crnm.mb.ca) when closing, leaving or moving my self-employed practice.

Date: _____

Registrant Signature: _____