Self-employed Nursing 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  are independent contractors.	
This form must be completed and submitted to <a href="mailto:selfemployed@crnm.mb.ca">selfemployed@crnm.mb.ca</a> prior to seeing your first client. Questions about this form confidenced to <a href="mailto:selfemployed@crnm.mb.ca">selfemployed@crnm.mb.ca</a> .	an be
I AM IDENTIFYING A(N): $\Box$ initial self-employed notification $\vartheta$ declaration; $\Box$ business name change; $\Box$ addition or deletion of service current business.	s to
IMPORTANT: If your self-employed business is outside of MB, and your business does not operate in MB, you are not considered self-employed in MB and do not need to complete this form.  For example,	
<ul> <li>If your business is in ON, and you work through an agency when you work in MB, you are not self-employed in MB. On the other ha if your business is in MB and you work through an agency or clinic in MB, you are seen as self-employed in MB, and must complete form and identify as self-employed on the CRNM website. Questions, contact selfemployed@crnm.mb.ca</li> </ul>	na, the
Name: College registration number:	
YOUR Business Name:	_
(This is YOUR business name and not the name of who you are working through in your self-employed role. If you do not have a name for YOUR business put Independent Contractor).	
<ul> <li>A corporate modifier (Ltd, Limited, Inc, Incorporated, Corp, Corporation) can only be used in a business name if the business is incorporated.</li> <li>If you are considering incorporating through the Companies Office, you are required to become a Health Profession Corporation with CRNM per the Regulated Health Professions Act. Contact CRNM prior to incorporating. If you have already incorporated your business, contact CRNM.</li> </ul>	
Check all that apply:	
This business: $\square$ is a sole proprietorship; $\square$ is a corporation; $\square$ is a nonregistered business (not registered with the Companies Office of MB); $\square$ does independent contract work through another business/agency.	
Summary/Update of Registered Nursing Services to be provided	
<ul> <li>Include all details of the types of RN or RN(NP) services and/or procedures being provided in this practice (for example do no state foot care, identify all foot care services being provided).</li> <li>Identify where the practice will occur.</li> </ul>	t
$\Box$ Check if you are identifying a change to your practice. Include all additions to practice and/or deletions. Additions must be submitted prior to implementation.	
Are you practicing nursing?	
In order to identify a service/procedure as nursing practice, an assessment of the following is required:	
<ul> <li>Do you have the authority to perform this service/procedure through identified nursing legislation?</li> <li>Is the practice grounded in the competencies gained in basic nursing education programs and expanded through post basic heat</li> </ul>	alth
related education programs?  Is the practice currently considered to be best practice and evidenced informed? (see page 6-7 of the Self-Employed Handbook	)

Is the practice currently considered to be best practice and evidenced informed? (see page 6-7 of the Self-Employed Handbook)

## Reserved Acts Requring Additional Education (RARAE)

Complete this section only if you are going to perform RARAE. Information on RARAE can be found <u>here</u>, see appendix A for quick reference. If you do not perform RARAE, leave this section blank.

- If you perform RARAE include the following information:
  - List all the RARAE you or your employees will be providing
  - List the types of illnesses, disorders, conditions you will be treating
  - Identify what treatment modalities you will be using
  - Identify education received to perform RARAE
  - Identify your plan for maintaining competency

## Declaration (Read and sign)

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

- i. Ensure a minimum of 2,015 hours of Canadian RN practice was attained prior to engaging in self-employed (aka independent contractor) practice.
- ii. 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 Ethical Conduct.
- iii. 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.
- iv. I will keep my CRNM profile updated to reflect my current employer(s) and/or business(es) which includes their names and full addresses. (For example, agency nurses will identify all agencies they work through, an independent contractor working for other businesses/companies will identify the companies they have contracts with, and if a self-employed nurse owns a business, this will be identified). This information will be available on Nurse Check details.
- v. Maintain, and be prepared to submit upon request, up-to-date position descriptions for myself and any registered nurse employee I may have.
- vi. Maintain and be prepared to submit upon request, all policies and procedures, and <u>advertising</u> which includes social media. CNPS suggests all forms of advertising be dated and kept for five years.
- vii. Have a third party (accountant, lawyer) available to verify my self-employed practice hours if requested by the College.
- viii. Notify the College (<u>selfemployed@crnm.mb.ca</u>) if the summary of my registered nursing services provided changes (additions and/or deletions) or includes a change to a reserved act requiring additional education.
- ix. Notify the College (selfemployed@crnm.mb.ca) when closing, leaving or moving my self-employed practice.
- x. I have not altered any content to this CRNM document.

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Registrant Signature:	Date:
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By entering my name, I affirm that I am fulfilling my professional responsibilities and complying with all applicable practice expectations and the declaration statements.