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 [selfemployed@crnm.mb.ca]() *prior to seeing your first client. Questions about this form can be directed to [selfemployed@crnm.mb.ca]().*

I AM IDENTIFYING A(N): ☐ *initial self-employed notification & declaration;* ☐ *business name change;* ☐ *addition or deletion of services to current business.*

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,
- *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 hand, 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 the form and identify as self-employed on the CRNM website. Questions, contact selfemployed@crnm.mb.ca*

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**).*

- *A corporate modifier (Ltd, Limited, Inc, Incorporated, Corp, Corporation) can only be used in a business name if the business is incorporated.*
- *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.*

Check all that apply:

This business: ☐ *is a sole proprietorship;* ☐ *is a corporation;* ☐ *is a nonregistered business (not registered with the Companies Office of MB);* ☐ *does independent contract work through another business/agency.*

Summary/Update of Registered Nursing Services to be provided

- Include all details of the types of RN or RN(NP) services and/or procedures being provided in this practice (for example do not state foot care, identify all foot care services being provided).
- Identify where the practice will occur.

☐ 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:

☐   Do you have the authority to perform this service/procedure through identified nursing legislation?
☐   Is the practice grounded in the competencies gained in basic nursing education programs and expanded through post basic health related education programs?
☐   Is the practice currently considered to be best practice and evidenced informed? (see page 6-7 of the [Self-Employed Handbook]())

Complete this section only if you are going to perform RARAE. Information on RARAE can be found here, 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 advertising 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 (selfemployed@crnm.mb.ca) 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.

Registrant Signature: _____   Date: _____

(Written or digital signature required.)
By entering my name, I affirm that I am fulfilling my
professional responsibilities and complying with all
applicable practice expectations and the declaration statements.

AESTHETIC NURSING REQUIRES COMPLETION OF THE MEDICAL AESTHETIC DECLARATION ADDENDUM