

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](#))

Reserved Acts Requiring Additional Education (RARAE)

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:

- 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.
- 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.
- Maintain, and be prepared to submit upon request, up-to-date position descriptions for myself and any registered nurse employee I may have.
- Maintain and be prepared to submit upon request procedures, [advertising](#).
- 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 changes (additions and/or deletions) 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.
- I have not altered any content to this CRNM document.

Registrant Signature: _____

Date: _____

(Written or digital
signature required)