



- AGENCY NURSING DECLARATION-

Agency nursing is a growing area of practice for Manitoba registered nurses. When working for an agency your practice location may change but your obligation to practice in accordance with professional standards does not. All registered nurses are responsible for their practice regardless of the nature of their employment.

Please complete and submit this form to selfemployed@crnm.mb.ca. Questions about this form can be directed to the same email address.

Name: _____ College registration number: _____

Identify Area(s) of Practice:

☐ Medicine	☐ Surgery	☐ Women's Health	☐ L&D	☐ Critical Care
☐ Emergency	☐ Community	☐ Nursing Station	☐ Renal	☐ Long Term Care
Other (identify): 				

List any **Reserved Acts requiring additional education** that you will be providing. If you do not perform reserved acts requiring additional education, leave this section blank.

☐ I am an employee of the agency

☐ I am an independent contractor with the agency

DECLARATION

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

- Ensure a minimum of 2,015 hours of Canadian RN practice was attained prior to engaging in agency nursing.
- Demonstrate compliance with federal, provincial, and municipal laws. This includes compliance with The Regulated Health Professions Act, Regulations, Practice Directions, and the Code of Ethical Conduct.
- Review Professional Practice Issues, Interprofessional Collaborative Care and Duty to Report documents.
- Only perform a reserved act or any other registered nursing service if I am legally permitted and competent to perform it and is safe and appropriate for the procedure being performed.
- Keep the employer tab on my CRNM profile up to date with the names of all agencies I am working through.
- Have a process in place to maintain on-going competency.
- Have a process in place for managing professional practice or clinical issues within your agency role.
- Have a process in place to verify my self-employed practice hours if requested by the College (agency vs facilities).

Notify the College (selfemployed@crnm.mb.ca) if your area of practice changes, or you cease to be an independent contractor through an agency(ies).

Registrant : _____ Date: _____

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