

Medical Aesthetics Declaration Addendum

- Complete once you have read the College's Practice Direction on Medical Aesthetics.
- If you are self-employed, e.g., an independent contractor or business owner, also complete the [Self-Employed Nursing Practice Notification and Declaration Form](#). Document the medical aesthetic procedures that you perform on the Medical Aesthetics Declaration Addendum to avoid duplication.
- If you are employed as a medical aesthetic RN or NP, you only need to complete the Medical Aesthetics Declaration Addendum.
- Submit revisions of the Medical Aesthetics Declaration Addendum as your practice changes.

Name: Click or tap here to enter text.

College Registration Number: Click or tap here to enter text.

Business Name: Click or tap here to enter text.

Primary Medical Aesthetic Business Address: Click or tap here to enter text.

Competency: Education and Training

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have 2,015 or greater Canadian RN or NP practice hours?
<input type="checkbox"/>	<input type="checkbox"/>	Have you obtained non-vendor-based medical aesthetics education and training that is consistent with the Medical Aesthetics Practice Direction?
<input type="checkbox"/>	<input type="checkbox"/>	Have you obtained vendor-based medical aesthetics education and training?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received any supervised clinical training, e.g. direct observation of injection technique? If yes, approximately how many hours? Click or tap here to enter text.

Please specify the **non-vendor-based** aesthetics education and training you have completed:

Year	Program/Course/Other

Please specify any **vendor-based** aesthetics education and training you have completed:

Year	Course, Company and Product

Medical Aesthetic - Nursing Practice

Identify all medical aesthetic registered nursing procedures that you perform. Refer to the [Medical Aesthetics: Procedural Listing](#) practice support document to assist in the differentiation between registered nursing practice and non-registered nursing practice (esthetics).

Procurement source: is the provider or distributor where a registrant obtains injectables, medications, medical devices (e.g. microneedling pen or laser), or skincare products used in medical aesthetics practice. This could include a licensed pharmacy, a medical supply company or distributor, a manufacturer, or a person.

Medical Aesthetic (Registered Nursing) Procedures		Brand(s)	Procurement Source Name	Area of Body Use and Indication(s)
<input type="checkbox"/>	Neuromodulators			
<input type="checkbox"/>	Dermal/Tissue Fillers			

Practice Setting

Please list all locations where you perform medical aesthetics.

- ☐ I only practice nursing aesthetics out of the listed business address on page one.
- ☐ I practice medical aesthetics in locations other than or in addition to what is listed as my business address.

List: [Click or tap here to enter text.](#)

Authorized Prescribers

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you an NP authorized prescriber for registered nurses and/or other care providers performing medical aesthetics? If yes, identify all those that you prescribe for using their full name and business name, if different than yours: Click or tap here to enter text.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a registered nurse working under an authorized prescriber (clinical director - NP or medical director - MD)? If yes, identify their full name(s) and designation(s). Click or tap here to enter text.

Signing the Medical Aesthetics Declaration Addendum is an attestation that:

- You have completed and submitted your self-employed nursing practice notification and declaration form if you are a self-employed registrant.
- You have read Practice Direction: Medical Aesthetics.
- Your declaration responses are an accurate representation of your medical aesthetic practice.

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

Date: [Click or tap to enter a date.](#)

Please submit the completed form to selfemployed@crnm.mb.ca. A member of the Self-Employed Quality Practice team may reach out to you for additional clarification. If you have any questions regarding this form, please contact us at the email address above.