

## 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.

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### 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 <b>non-vendor-based</b> medical aesthetics education and training that is consistent with the Medical Aesthetics Practice Direction?
<input type="checkbox"/>	<input type="checkbox"/>	Have you obtained <b>vendor-based</b> 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.
<input type="checkbox"/>	<input type="checkbox"/>	This education and training has equipped me with the necessary competencies to meet the Practice Expectations outlined in the <a href="#">Practice Direction: Medical Aesthetics</a> .

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: <a href="#">Click or tap here to enter text.</a>
<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). <a href="#">Click or tap here to enter text.</a>

**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.

- All products used are approved by Health Canada in accordance with the Food and Drugs Act and applicable regulations. Drugs, cosmetics, and natural health products are handled and administered in accordance with manufacturer guidelines. All equipment and medical devices used on clients comply with Canadian safety standards, meet Health Canada requirements, and are certified to CAN/CSA standards.

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](mailto: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.