



NOTIFICATION OF INDEPENDENT PRACTICE

**Submit to info@crpns.ca*

Per CRPNS bylaw, RPNs use this form to notify CRPNS about their Independent Practice (IP).

Section 1: Registrant Information

Full Name: _____ Registration Number: _____

Email: _____ Phone Number: _____

Section 2: Practice Information

Establishing a New Practice

Reporting Practice Changes

Annual Licence Renewal

Business/Practice Name: _____

Practice Address: _____

Website: _____

Social Media: _____

Anticipated Start Date: _____

Attach proof of insurance coverage in an amount not less than \$2 million per incident and \$2 million per year against general liability with respect to the operation of the IP as a business.

Section 3: Services Offered

Provide a description of your IP, including services being offered and the client population:

Are you providing in-person, virtual, or hybrid services? in-person. virtual. both.

Section 4: Education and Training

List your additional education, training, and certifications demonstrating your competence for this type of IP:

Section 5: Attestation

I confirm that the information provided is accurate and that I understand my obligations as a self-employed RPN to comply with professional standards, privacy legislation, and all other relevant legislation and regulations.

Signature: _____ Date: _____