

	Registered Nurses Association of the Northwest Territories and Nunavut  Page: 1 of 7	Registration Policy  Policy Description: Nurse Practitioner Requirements  Policy Number: R2
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<b>Effective Date: May 14, 2016</b>  Signature   <b>Review Date: May 2019</b>	<b>New Policy</b> _____ <b>Revision: Partial</b> <input checked="" type="checkbox"/> <b>Complete</b> _____
<b>Applies to:</b> All applicants for registration as a Nurse Practitioner (NP) with the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU).	
<b>Purpose:</b> This policy outlines the requirements for registration as a nurse practitioner in the Northwest Territories and Nunavut. These requirements are in addition to, or in clarification of, those found in the Nursing Profession Act (2003), Nunavut Nursing Act (1998), and RNANT/NU Bylaws.	

**Definitions:**

**Good Character** – refers to the moral and ethical qualities expected by the general public of a professional nurse. Examples of such qualities include: integrity, trustworthiness, commitment to caring for others, honesty, accountability, reliability, ability to distinguish right and wrong, avoidance of aggression to self and others, and taking responsibility for one’s own actions (Commonwealth of Massachusetts, 2010).

**Good Standing** - Per Bylaw 2, s3(1)(f)(ii), an individual is in good standing if deemed to be in good standing by all current or former regulatory authorities where registration was held. Additionally, the individual is not currently the subject of any investigations, undertakings, conditions or consensual agreements related to continuing competence requirements or discipline.

**Fitness to Practice** - all the qualities and capabilities of an individual relevant to their capacity to practice as a nurse practitioner, including but not limited to, freedom from any:

- i. cognitive;
- ii. physical;
- iii. psychological;
- iv. emotional condition; or
- v. dependence on alcohol or drugs impairing her or his ability to practice nursing (CNA, 2008).

**English Fluency** – defined as the primary language used to read, write, listen and speak.

**Policy:**

The following items are required for registration as a nurse practitioner with the RNANT/NU:

- (1) The applicant must pay the fee as outlined in Policy R16.
- (2) The applicant must provide:



**a) A copy of one of the following for proof of identification:**

- i. a birth certificate or Canadian certificate of registration of birth abroad; or
- ii. passport or another Government issued photo ID (for example, Driver's License); or
- iii. notarized statutory declaration of identity.

**Note:** Where there has been a name change, one of the following is required:

- a marriage certificate; or
- divorce decree; or
- notarized statutory declaration of legal name change.

**b) Evidence of fluency in English**

Upon application to RNANT/NU for registration, all applicants must demonstrate proficiency in the English language by meeting **one** of the following requirements:

- 1) Graduation from an approved Canadian nursing program where theory and clinical instruction was in English. On-line or distance education programs are not acceptable for evidence of fluency; or
- 2) Successful completion of the national nursing examination in English; or
- 3) Employer reference showing evidence of safe practice for the last two years as a registered nurse or a nurse practitioner, where services were provided in English and where the primary language of the practice setting was English; or
- 4) Applicant met the English language proficiency test requirement at the time of registration with another Canadian jurisdiction and has continued to work in an English speaking environment since that time; or
- 5) Demonstration of English language competence through successful completion of one of the following tests of English within the last 2 years:
  - Canadian English Language Benchmark Assessment for Nurses (CELBAN)
  - International English Language System (IELTS) Academic Version.



The scores on these tests used to determine proficiency in the English language are:

Test	CELBAN	IELTS Academic
Writing	7	7
Speaking	8	7
Listening	10	7.5
Reading	8	6.5
Total	N/A	7

- i. The applicant cannot mix and match various tests or test components to achieve a passing score. All components of the IELTS Academic test must be completed in one test sitting. The CELBAN test components are required to be taken in two separate sittings.
- ii. An official copy of test results must be submitted with the registration application.
- iii. The registration applicant is financially responsible for all costs related to English testing.

Note: All registration documentation provided to the RNANT/NU should be provided in English. It is the financial responsibility of the registration applicant for any English translation costs.

**c) Evidence of sufficient nursing hours of practice**

The applicant must either:

- i. provide one or more Employer Reference Form(s) completed by previous employers of the applicant. This will certify the applicant engaged in the practice of nursing as a nurse practitioner for a minimum of 1125 hours in the last four years immediately preceding the application; or
- ii. satisfy RNANT/NU he or she has completed a suitable equivalency to 1125 hours of nursing practice as a nurse practitioner in the four years immediately preceding the application as defined in RNANT/NU policy.

**d) Satisfactory references:**

(1) In this sub-paragraph (d):

- i. "Form A" means the Employer Reference Form attached to this policy
- ii. "Form B" means the Colleague Reference Form attached to this policy
- iii. "Form C" means the Instructor Reference Form attached to this policy



- (2) Satisfactory references of both character and fitness to practice in the described form from one of the following is required:
- i. The most recent employer in Form A where the nurse was employed as an NP by one employer for the preceding five years and had worked for a minimum of 300 hours as an NP for that employer;
  - ii. The most recent employer in Form A where the nurse was employed as an NP in the preceding five years for a minimum of 300 hours but the period of employment was less than five years, and the most recent employer in Form A where the nurse was employed as an RN in the preceding five years for a minimum of 300 hours (prior to their practice as an NP);
  - iii. The two most recent employers both in Form A where the nurse was employed as an NP by more than one employer in the preceding five years and had worked for each employer for a minimum of 300 hours;
  - iv. A colleague in a similar practice, who has worked with the nurse for a minimum of 2 years, in Form B where the nurse was employed as an NP in the preceding five years by an employer who is prevented by policy from completing a reference in Form A;
  - v. Two colleagues in a similar practice, each who had worked with the nurse for a minimum of 2 years, both in Form B where the nurse was self-employed for the preceding five years;
  - vi. An instructor in Form C where the applicant has not been employed since successfully completing an approved NP Program or equivalent.

**e) Evidence of completion of an advanced nursing education program that prepares nurses to practice as a nurse practitioner and has been:**

- i. approved by the RNANT/NU; or
- ii. approved by the applicant's original Canadian jurisdiction and verification of eligibility for registration as a nurse practitioner in a Canadian jurisdiction; or
- iii. approved by another Canadian jurisdiction and the member is registered in good standing in the Canadian jurisdiction in which he or she most recently practised nursing as a nurse practitioner; or
- iv. approved by the RNANT/NU as equivalent following completion of a prior learning assessment/examination challenge process leading to registration as a nurse practitioner in a Canadian jurisdiction.



**f) Evidence of successfully passing the Canadian Nurse Practitioner Examination: Family/All Ages (CNPE: F/AA) as the Entry-to-Practice Exam or one of the approved equivalent exams as outlined:**

Prior to July 15, 2005, the RNANT/NU accepts for all applicants applying for initial registration:

- a) Canadian Nurse Practitioner Examination: Family/All Ages (CNPE: F/AA); or
- b) Family Nurse Practitioner Examination offered by the American Nurse Credentialing Center (ANCC Family); or
- c) College of Nurses of Ontario Extended Class Registration Examination (ECRE).

After July 15, 2005, the RNANT/NU accepts as equivalent to the CNPE: F/AA the following examinations for all applicants applying for initial registration:

- a) Family Nurse Practitioner Examination offered by the American Nurse Credentialing Center (ANCC Family), if that examination was approved by another Canadian regulatory body; or
- b) The College of Nurses of Ontario Extended Class Registration Examination (ECRE).

**g) Evidence of successful completion of a course on prescribing controlled drugs and substances**

Note: All NPs in the Northwest Territories and Nunavut must provide evidence of successful completion of a course on prescribing controlled drugs and substances.

Prior to January 1, 2015 (for NP initial, reinstatement, or renewal), evidence of completion of:

- a) "RNANT/NU Education Package for Nurse Practitioners Prescribing Controlled Drugs and Substances"

Effective January 1, 2015 (for NP initial or reinstatement), evidence of completion of:

- a) "RNANT/NU Education Package for Nurse Practitioners Prescribing Controlled Drugs and Substances"; or
- b) Athabasca University – Prescription and Management of Controlled Drugs and Substances; or
- c) University of Ottawa/Council of Ontario University Programs in Nursing (COUPN) - Continuing Education for Nurse Practitioners Prescribing Narcotics and Controlled Substances; or
- d) Saskatchewan Polytechnic (Formerly SIAST) – PHAR 1604 – CDSA Module for RN (NP).

Effective January 1, 2016 (for NP initial or reinstatement), evidence of completion of:

- a) Athabasca University – Prescription and Management of Controlled Drugs and Substances or (NURS 531) Controlled Drugs and Substances for NP Prescribers; or



- b) University of Ottawa/Council of Ontario University Programs in Nursing (COUPN) - Continuing Education for Nurse Practitioners Prescribing Narcotics and Controlled Substances; or
- c) Saskatchewan Polytechnic (Formerly SIAST) – PHAR 1604 – CDSA Module for RN (NP); or
- d) A controlled drugs and substances course included in the core curriculum of an approved NP program and equivalent in content to the courses described in sub-paragraphs a, b, and c.

**Note:** NPs who have completed the “RNANT/NU Education Package for Nurse Practitioners Prescribing Controlled Drugs and Substances” prior to January 1, 2016, and who remain registered as active practicing NPs with the RNANT/NU, will have this recognized. NPs who are applying for reinstatement with the RNANT/NU will have to complete one of the above specified courses. However, it is recommended that all NPs complete one of these courses.

#### **Conditions and Exceptions:**

- (1) Nurse Practitioner applicants from another Canadian jurisdiction will not be required to write the CNPE: F/AA to be registered in the Northwest Territories and Nunavut if they were required to write an equivalent competency based examination to be registered as an NP in another Canadian jurisdiction. This exception is in accordance with the terms and conditions outlined in the Agreement on Internal Trade, Article 707.
- (2) As of January 1, 2010, a Nurse Practitioner working in a Community Health Nurse position will no longer have those hours counted as Nurse Practitioner practice hours.
- (3) Nurse Practitioners registered with the RNANT/NU will be entered in the Registered Nurse Register and Nurse Practitioner Register and may work in the capacity of an RN or NP.
- (4) An applicant that has disclosed a criminal conviction for an offense under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada), or the Food and Drugs Act (Canada) must provide sufficient evidence about the conviction to the Director of Regulatory Processes and Policy as outlined in Policy 1.1: Criminal Convictions.
- (5) If an applicant has not disclosed on the registration application a previous or current investigation, undertaking, conditions, suspension or revocation of her or his licence in all jurisdictions where they have been employed, the application may be denied by the Registrar. The applicant could choose to appeal this decision and have their application reviewed by the Registration Committee.
- (6) Registration Update
  - a) Applications for registration will be kept on file for a one-year period. This period commences from the date of receipt of the processing fee.
  - b) Unprocessed applications will be shredded after one year.

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- c) Information will be valid for six months following receipt of the processing fee. After six months, the applicant will be required to provide new updated application documents.

**Authority and Accountability:**

This policy is issued under the authority of the RNANT/NU Board of Directors and as governed by the Nursing Profession Act (2003), section 24; and RNANT/NU Bylaw 2, s(2) and s(3). The Board of Directors has the authority to revise this Policy as required.

The Director of Regulatory Services and Policy and Registration Committee are accountable to the Board of Directors, and ultimately to the membership, for the implementation of this policy and may delegate any related administrative tasks. The Director or Regulatory Services and Policy/Registration Committee must respond to an application for a certificate of registration within six weeks of receipt of all required documentation.

**History:**

This policy replaces former policies:

1.10 Nurse Practitioner Registration

1.11 Eligibility for Registration – Nurse Practitioner, both issued in December 2002.

Revisions: May 2010; July 2013; September 2013; November 2014.

**References:**

Commonwealth of Massachusetts. (2010). *Determination of good moral character- Policy No. NH-09-01*.

Retrieved from: <http://www.mass.gov/eohhs/docs/dph/quality/boards/nha-09-01-policy-determination-gmc.pdf>

Canadian Nurses Association. (2008). *Code of Ethics for Registered Nurses*. Ottawa: Canada, Author.



# Registered Nurses Association of the Northwest Territories and Nunavut

Box 2757 Yellowknife, NT X1A 2R1  
Telephone: (867) 873-2745 / Fax (867) 873-2336  
Registration: [info@rnantnu.ca](mailto:info@rnantnu.ca) Website: [www.rnantnu.ca](http://www.rnantnu.ca)

## FORM A – EMPLOYER REFERENCE FORM

For initial registration: Two employer references are required if more than one employer within last 5 years.  
For reinstatement of registration: One employer reference is required.  
For a change of status from Temporary Certificate to Active RN or NP: One employer reference is required.

**PART A: EMPLOYEE INFORMATION** - Applicant to complete Part A and forward to employer for completion of Part B.

Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_  
Employer/Agency: \_\_\_\_\_ Unit: \_\_\_\_\_  
Address: \_\_\_\_\_ Position Title: \_\_\_\_\_

I hereby give my present and/or previous employer consent to provide any and all information in their possession to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) regarding my hours and competency in nursing practice for the sole purpose of assessing eligibility for licensure as a Registered Nurse and/or Nurse Practitioner with the RNANT/NU.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: EMPLOYER REFERENCE** - Employer to complete Part B and return directly to the RNANT/NU.  
- This form should be completed by the Employer (e.g., Manager, Supervisor, Human Resources Department).

### 1. Hours of Nursing Practice Within Last 5 Years:

Circle One:

Date: YEAR	2015	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2014	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2013	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2012	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			
Date: YEAR	2011	_____	to	_____	# hours worked	_____	RN <u>or</u> NP
		Month		Month			

**2. Professional Competency:**

	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Nursing knowledge and skills	_____	_____
Clinical decision-making	_____	_____
Responsibility and accountability	_____	_____
Ethical conduct	_____	_____
Patient and interpersonal relationships	_____	_____

3. Do you know of any reason (personal, health, or other) why this person may not be fit to engage in the practice of nursing as a Registered Nurse or Nurse Practitioner? (If yes, please specify in a separate letter)  No  Yes

4. Would you recommend the applicant for registration in the NT/NU implying that he/she is a safe, competent practitioner?  No  Yes

5. Is this person fluent in English (written and verbal) when providing nursing care?  No  Yes

6. Is this reference based on: **Personal knowledge?**  No  Yes

**Evaluation of personnel file?**  No  Yes

**7. Additional Comments:**

I hereby certify the information provided in this reference is true and complete.

<b>Print Name in Full</b>	<b>Signature</b>	<b>Title/Position</b>
<b>Employer/Agency</b>	<b>Phone Number</b>	<b>Date</b>



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## FORM B – COLLEAGUE REFERENCE FORM

**Instructions:** A Colleague Reference (RN or NP colleague/co-worker) is required if the applicant has less than 5 years work experience as a nurse (RN/NP) and has had only one employer or if the applicant is self-employed as an RN or NP. This reference must not be a current employee of the RNANT/NU. **This reference must be provided by a colleague who you have worked with within the last 5 years and for a minimum of 2 years.**

**PART A: APPLICANT INFORMATION** - Applicant to complete Part A and forward to the individual providing them with a colleague reference for completion of Part B.

Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Prov./Territory \_\_\_\_\_ Postal Code: \_\_\_\_\_

I hereby give \_\_\_\_\_ my consent to provide the RNANT/NU with the answers to the questions below for the sole purpose of assessing my registration eligibility.  
*Reference's name*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: COLLEAGUE REFERENCE** – Colleague/Co-worker to complete Part B and return directly to the RNANT/NU.

- Scan and email (preferred): [info@rnantnu.ca](mailto:info@rnantnu.ca)
- Fax: 1-867-873-2336
- Mailing Address: P.O Box 2757 Yellowknife, NT X1A 2R1

**1. Professional Competency:**

	Satisfactory	Unsatisfactory
Nursing knowledge and skills	_____	_____
Clinical decision-making	_____	_____
Responsibility and accountability	_____	_____
Ethical conduct	_____	_____
Patient and interpersonal relationships	_____	_____

**2. I have personally known the applicant for \_\_\_\_\_ years.**

**3. What is your relationship with the Applicant? \_\_\_\_\_**

**4. Please provide observations of Applicant's character and reputation:**

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5. Do you know of any reason (personal, health, or other) why this person may not be fit to engage in the practice of nursing as a Registered Nurse or Nurse Practitioner? (If yes, please specify in a separate letter.)  No  Yes
6. Would you recommend the applicant for registration in the NT/NU implying that he/she is a safe, competent practitioner?  No  Yes
7. Is this person fluent in English (written and verbal) when providing nursing care?  No  Yes
8. Are you a relative by birth or marriage of the applicant?  No  Yes

**I hereby certify the information provided in this reference is true and complete.**

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**Print Name in Full**

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**Signature**

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**Date**

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**Occupation**

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**Position/Title**

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**Phone Number**



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## FORM C – INSTRUCTOR REFERENCE FORM

**Instructions:** An Instructor Reference is required for a nursing or nurse practitioner graduate who has not worked since graduation. This reference form must be completed by a nursing faculty member (nursing instructor) from the applicant’s school of nursing who can recommend the applicant based on their theoretical and clinical performance as a nursing or nurse practitioner student. This reference must not be a current employee of the RNANT/NU.

**PART A: APPLICANT INFORMATION** - Applicant to complete Part A and forward to their nursing faculty member for completion of Part B.

Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Prov./Territory \_\_\_\_\_ Postal Code: \_\_\_\_\_

I hereby give \_\_\_\_\_ my consent to provide the RNANT/NU with the answers to the questions below for the sole purpose of assessing my registration eligibility.  
*Reference's name*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: CHARACTER REFERENCE** – Nursing faculty member to complete Part B and return directly to the RNANT/NU.

- Scan and email (preferred): [info@rnantnu.ca](mailto:info@rnantnu.ca)
- Fax: 1-867-873-2336
- Mailing Address: P.O Box 2757 Yellowknife, NT X1A 2R1

**1. Professional Competency:**

	Satisfactory	Unsatisfactory
Nursing knowledge and skills	_____	_____
Clinical decision-making	_____	_____
Responsibility and accountability	_____	_____
Ethical conduct	_____	_____
Patient and interpersonal relationships	_____	_____

**2. I have personally known the applicant for \_\_\_\_\_ years.**

**3. What is your relationship with the Applicant? \_\_\_\_\_**

4. Please provide observations of Applicant's character and reputation:

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5. Do you know of any reason (personal, health, or other) why this person may not be fit to engage in the practice of nursing as a Registered Nurse or Nurse Practitioner? (If yes, please specify in a separate letter.)  No  Yes
6. Would you recommend the applicant for registration in the NT/NU implying that he/she is a safe, competent practitioner?  No  Yes
7. Is this person fluent in English (written and verbal) when providing nursing care?  No  Yes
8. Are you a relative by birth or marriage of the applicant?  No  Yes

I hereby certify the information provided in this reference is true and complete.

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Print Name in Full

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Signature

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Date

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Occupation

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Title/Position

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Phone Number