



1) APPLICANT INFORMATION

For office use only	
Amount paid:	_____
Date:	_____
<input type="checkbox"/> Chq	<input type="checkbox"/> Cash
<input type="checkbox"/> MC	<input type="checkbox"/> Visa
<input type="checkbox"/> Debit	<input type="checkbox"/> PAP
<input type="checkbox"/> MO	
PAP:	<input type="radio"/> Yes <input type="radio"/> No

Last Name			First Name		
Address					
City		Province		Postal Code	
Phone		Email		Other Surname (s)	
If your name has changed you must submit a photocopy of a legal change of name document					

Registration #:

Year of Graduation:

NOTE:
IF YOUR FORM AND
MONIES ARE RECEIVED OR
POSTMARKED AFTER
FEBRUARY 28 2010, YOUR
MEMBERSHIP WILL HAVE
CEASED.

ALL ITEMS MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION. SEE INSTRUCTIONS. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY DELAY THE PROCESSING OF YOUR APPLICATION.

2) APPLICATION

- I am applying to the Practicing Registrar
- I am applying to the Non-Practicing Registrar Reason: _____
- I am not renewing my registration Reason: _____

3) CONTINUING COMPETENCE

Enter the total number of practicing hours with all employers. Do not include vacation or sick time. You may project your hours to February 28th, 2010.

Total hours of practice as a Registered Psychiatric Nurse from March 1st, 2009 to February 28th, 2010:

Total Practicing Hours

- I have MET the CRPNBC continuing competence program requirements by engaging in a process of self-assessment, developing and implementing a learning plan and maintaining a professional portfolio.
- I have NOT MET the CRPNBC continuing competence program requirements. State reason:
 - New registrant
 - Recently returned to Practicing Registrar
 - On the Non-Practicing Registrar

4) EMPLOYMENT

* See instruction sheet for employment codes.

* Employment Status: _____ Working with a First Nations Organization? Yes No
Employment Province: _____

1st Employer: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Work Phone: _____ Supervisor's Name: _____
*Primary Responsibility: _____ *Position: _____ *Place of Work: _____

2nd Employer: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Work Phone: _____ Supervisor's Name: _____
*Primary Responsibility: _____ *Position: _____ *Place of Work: _____

3rd Employer: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Work Phone: _____ Supervisor's Name: _____
*Primary Responsibility: _____ *Position: _____ *Place of Work: _____

5) INDEPENDENT PRACTICE / SELF EMPLOYED

Complete this section if you do not have an employer

- Counselling Management Consultant Owner/Operator of a residential facility
 Education Research Other (specify) _____
 I understand that the general insurance coverage offered through CRPNBC does not cover RPNs in Independent Practice and have made arrangements for professional liability insurance for my Independent Practice.

6) EDUCATION COMPLETED AFTER INITIAL GRADUATION

Complete only for education not previously reported.

Type of Program	In Psychiatric Nursing	Year Completed	In other than Psychiatric Nursing	Year Completed
Baccalaureate				
Master's				
Doctorate				
Certificate/Diploma				

Currently enrolled in a course of studies (specify) _____ Full time Part time

7) ADDITIONAL REGISTRATION

Do you hold a current practicing membership with any other regulatory body? Yes (complete below) No

- Registered Psychiatric Nurse Province / Territory: _____
 Registered Nurse Province / Territory: _____
 Licensed Practical Nurse Province / Territory: _____
 Other (specify) Province / Territory: _____

8) DISCLOSURE

Additional written documentation must be provided if you answer "yes" to any of the following:

- Yes No Within the past year, have you been convicted of a criminal offence?
 Yes No Within the past year, have you been denied registration by any professional body?
 Yes No Within the past year, has your registration/license been revoked, suspended, restricted or had terms and conditions imposed by any regulatory authority in any jurisdiction?
 Yes No Are you currently under investigation by any regulatory authority in any jurisdiction?
 Yes No Do you have a physical or mental condition or disorder or addiction to drugs or alcohol that impairs your ability to safely and competently engage in the practice of psychiatric nursing?

9) RENEWAL DECLARATION

I understand that my signature is a declaration that the statements contained in this application are true and correct to the best of my knowledge. Falsification of this application or the submission of any falsified documents to the College of Registered Psychiatric Nurses of British Columbia is an offence.

Signature

Date

10) PAYMENT

- 2010 Practicing Registration - \$420.00 (\$375 fee \$45.00 HST) I am on the pre-authorized payment plan
 2010 Non - Practicing Registration - \$ 84.00 (\$75 fee \$ 9.00 HST) **HST #R107883316**