

Application Form: CNPS Services

Instructions

Information about CNPS fees and detailed explanations can be found in [Section 7](#). If you require assistance with any portion of the application, click on the question mark (?) for more information.

Section 1: Practise & License Information

Designation Category:	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Licensed/Registered Practical Nurse
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Registered Psychiatric Nurse
Province of Registration:		
License Number:	Graduation Year (from Entry):	
Are you currently an employee? (?)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you an independent contractor? (?) <input type="checkbox"/> No <input type="checkbox"/> Yes

Section 2: Contact Information

First Name:	Initial:	Last Name:
Former Last Name (if applicable):	Date of birth (yyyy/mm/dd):	
Primary phone number:	Alternate phone:	
Street Address:		
City:	Province:	Postal Code:
Personal email address for transactional purposes:		
Confirm email address:		
I give my consent to receive other relevant CNPS communications via e-mail: (?)	<input type="checkbox"/> I consent <input type="checkbox"/> I do not consent	Language: <input type="checkbox"/> English <input type="checkbox"/> French

Section 3: CNPS Professional Liability Protection and Core Services

I would like to register for Professional Liability Protection (PLP) for the following period (please note that the effective start date for protection will reflect the date that both your application and payment have been received):

- Period ending December 31, 2024** and the period of January 1, 2025 to December 31, 2025
- Period of January 1, 2025 to December 31, 2025

Please see [Section 7](#) for fees.

** It is no longer possible to select the remainder of 2024 as the sole registration period. If you choose to commence your registration today, it will automatically extend to the next full registration period.

Section 4: CNPS Supplementary Protection Program (optional)

The [CNPS Supplementary Protection Program](#) is an additional, optional service that expands the circumstances in which you can seek legal assistance from the CNPS to complaints made to your nursing regulator (College or association) about care you provided. The Supplementary Protection Program is not required to satisfy your PLP requirement.

I would like to apply for the Supplementary Protection Program for the following period:

- Period ending December 31, 2024** and the period of January 1, 2025 to December 31, 2025: \$210 + tax
- Period of January 1, 2025 to December 31, 2025: \$140 + tax
- No, I do not wish to apply for the Supplementary Protection Program

** It is no longer possible to select the remainder of 2024 as the sole registration period. If you choose to commence your registration today, it will automatically extend to the next full registration period.

Section 5: Certification and Acceptance of Terms

General

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief.

I understand that the Canadian Nurses Protective Society (CNPS) may verify any of the information provided on this form. By signing this form, I authorize the CNPS to investigate all statements of information contained in it. I understand and agree that any misrepresentation, falsification or material omission of information on this form may result in denial or revocation of my beneficiary status with the CNPS.

I understand that the personal information that I provide will be used by the CNPS without consent or further authorization for transactional purposes (for instance, to contact me in reference to a request for assistance, or to provide me with important information related to CNPS services, or my eligibility for these services), or to provide information about important changes in the law or nursing practice.

I understand that by identifying myself as a member of a provincial nursing association, I authorize the CNPS to share my information with the association to verify my membership status.

I understand that I must report a change of personal information (name, contact information, professional nursing designation, etc.) to the CNPS at the earliest opportunity. In particular, if I am or if I become a nurse practitioner

(NP), I must register with the CNPS as such so that I benefit from liability protection for professional activities within the NP scope of practice.

I understand that my eligibility for CNPS Core Services (and, if I applied for it, Supplementary Protection) will be conditional upon being a CNPS beneficiary and having a valid license or registration to practise nursing at the time of the events giving rise to the inquiry, claim or legal proceeding.

I have read the excerpts of the [CNPS Bylaws](#) related to the provision of assistance. I understand that CNPS assistance is granted on a discretionary basis, and that each request for assistance will be considered on a case by case basis in accordance with the applicable practices, and procedures of the Society. I also understand my obligation to report any threat, claim, complaint, legal proceeding or adverse event related to my nursing practice to the CNPS at the earliest opportunity and collaborate with the CNPS in all instances where assistance is granted.

I understand that CNPS services and, in particular, the provision of professional liability protection and legal assistance do not generally extend to my professional corporation or business entity.

I understand that professional liability protection is required as a condition for practice in most Canadian provinces and territories. By submitting this application, I authorize the CNPS to confirm to my nursing regulatory body and to my employer or institution where I practise or seek to practise nursing that I am a CNPS beneficiary and eligible for CNPS professional liability protection.

Supplementary Protection

If I applied for Supplementary Protection, I understand that, in addition to the conditions listed above, my eligibility for assistance under the Supplementary Protection program will be conditional upon the following:

- Being a CNPS beneficiary
- Having a valid license or registration to practise nursing at the time of the events giving rise to the complaint or investigation
- Being a registrant of the Supplementary Protection program for the entire duration of the conduct giving rise to the complaint and having maintained that registration at the time when the complaint was filed

If I applied for Supplementary Protection, I understand that CNPS assistance under the Supplementary Protection program generally does not extend to quality assurance proceedings, appeals or applications for judicial review, the payment of fines or other expenses, such as medical or any other professional assessments; remedies imposed on or agreed to by the nurse; courses or training; personal expenses to meet with legal counsel, attend a meeting at the College or a hearing, etc. I also understand that CNPS Supplementary Protection does not act as a source of funding in excess to another provider of assistance with complaints to a nursing regulator, or an appeal or judicial review of a regulatory matter.

If I applied for Supplementary Protection, I understand that the CNPS may share my personal information, including my name, address and CNPS beneficiary identifier with a third-party insurer for the purpose of coverage for disciplinary or fitness-to-practise proceedings. By accepting these terms, I consent to CNPS sharing my personal information with a third-party insurer for this purpose. I understand that if my application for CNPS Supplementary Protection is accepted, I will not be eligible for assistance if the circumstances giving rise to the investigation occurred prior to my application.

Acknowledgement

By proceeding with this transaction, I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and accept the CNPS Terms as listed above. In accordance with the CNPS

[Privacy Policy](#), you may choose to unsubscribe at any time by clicking on the “Unsubscribe” link in our emails or by [contacting us](#).

Name or Signature of Applicant	Today's date (yyyy/mm/dd)

Section 6: How to submit your application

Please return your completed form to the Canadian Nurses Protective Society using one of the following methods:

Email: registration@cnps.ca

Mail: Canadian Nurses Protective Society
700-160 Elgin Street, Ottawa ON K2P 2P7

Important: To become a beneficiary of CNPS Core Services, you must submit a completed application form and payment.

Registration and Payment: Once the CNPS has received and acknowledged your completed application form, you will receive an invoice via email within two business days. Once we successfully process your registration and payment, we will send you an email confirming eligibility for CNPS Core Services. Please allow 10 business days to receive your confirmation of eligibility.

Section 7: Fees and Detailed Explanations

Professional Liability Protection (Individual Beneficiary):

Registered Nurse (RN), Licensed/Registered Practical Nurse (LPN), Registered Psychiatric Nurse (RPN):

Today until December 31, 2024** and the period of January 1, 2025 - December 31, 2025: \$218 + tax
Period of January 1, 2024 - December 31, 2024: \$145 + tax

** It is no longer possible to select the remainder of 2024 as the sole registration period. If you choose to commence your registration today, it will automatically extend to the next full registration period.

Nurse Practitioner (NP):

Today until December 31, 2024** and the period of January 1, 2025 - December 31, 2025: \$540 + tax
Period of January 1, 2025 - December 31, 2025: \$360 + tax

** It is no longer possible to select the remainder of 2024 as the sole registration period. If you choose to commence your registration today, it will automatically extend to the next full registration period.

Optional – Supplementary Protection program: Assistance with regulatory matters (College complaints):

Today until December 31, 2024** and the period of January 1, 2025 - December 31, 2025: 210 + tax
Period of January 1, 2025 - December 31, 2025: \$140 + tax

** It is no longer possible to select the remainder of 2024 as the sole registration period. If you choose to commence your registration today, it will automatically extend to the next full registration period.

Explanations:

Section 1: Practice & License Information

Are you currently an employee?

If your employer withholds income tax and other at source deductions, you are probably an employee.

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Are you an independent contractor?

If your employer does not withhold income tax and other source deductions or if you provide nursing services as the owner of a professional corporation or other business entity, you are likely an independent contractor.

[<back to question>](#)

Section 2: Contact Information

I give my consent to receive other relevant CNPS communications via e-mail:

The CNPS will use your email address for transactional purposes, including important legal developments.

The CNPS may also, with your consent, use your email address to provide you with other relevant forms of electronic information from the CNPS, including, but not limited to, information about webinars, legal presentations, legal developments, and publications.

I understand that I may remove my consent from the CNPS to use my email address for information purposes at any time by selecting the UNSUBSCRIBE feature that accompanies the communication or by contacting the CNPS directly.

[<back to question>](#)