CRNA

College of Registered Nurses of Alberta

Regulatory Policy Manual

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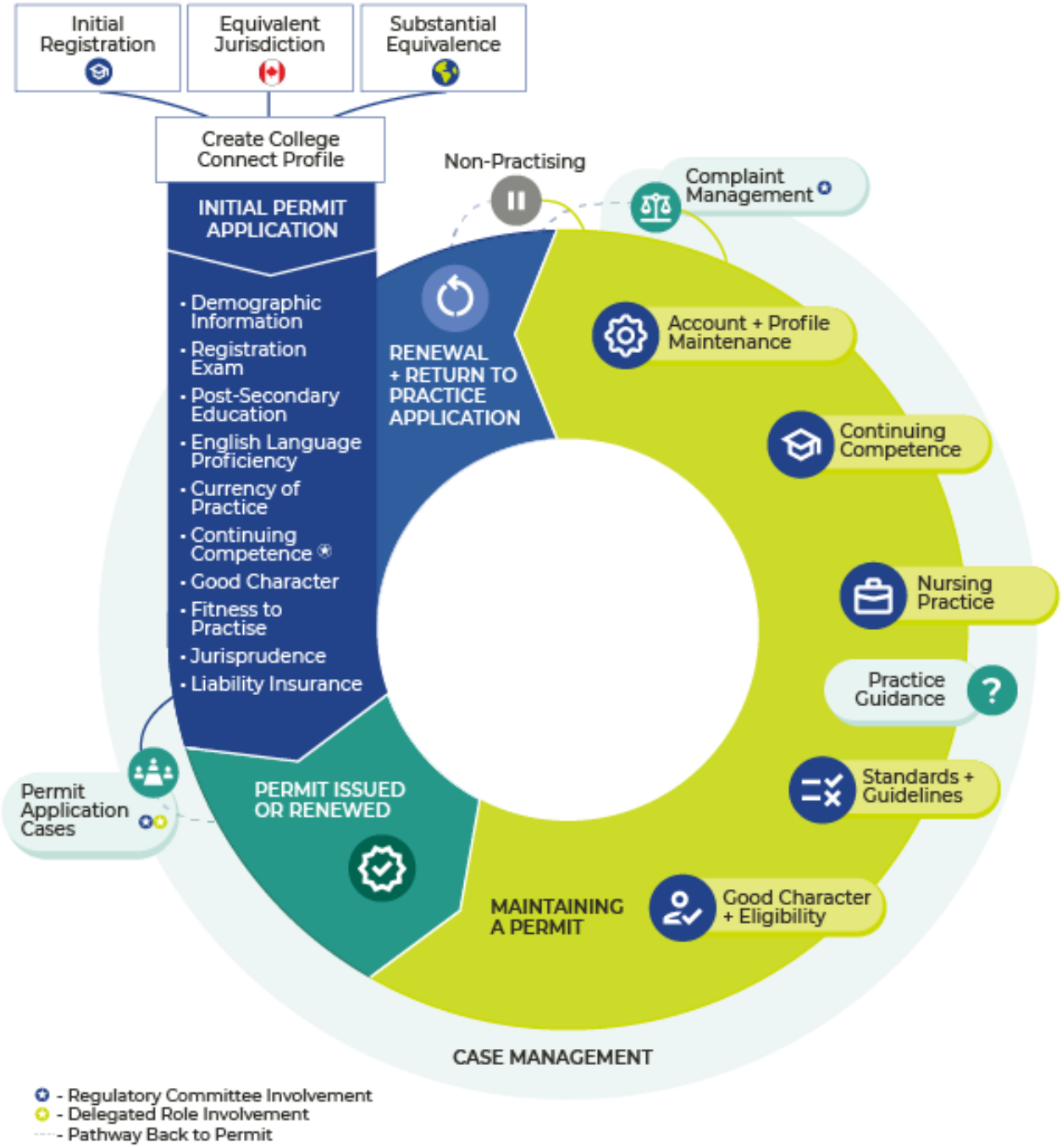
Regulatory Service Delivery

Regulatory Service Delivery Model



1. Registration

RP 1.01 Application Categories

1. POLICY STATEMENT

1.1 Purpose

1. This policy outlines the application categories for licensure as a registered nurse or nurse practitioner in Alberta.

1.2 Initial Registration Pathway

1. Applicants eligible to apply via this pathway must be recently graduated from a Canadian university nursing program.
2. Applicants must have never gained registration in any jurisdiction.
3. Applications via this pathway are processed pursuant to Section 3 and Section 4 of the *Registered Nurse Profession Regulation*.

1.3 Equivalent Jurisdiction Pathway

1. Applicants eligible to apply via this pathway must he currently registered in a jurisdiction deemed equivalent to Alberta.
2. Equivalent jurisdictions are listed in the CRNA Bylaw 4.15.
3. Applications via this pathway are processed pursuant to Section 8 of the *Registered Nurse Profession Regulation*.
4. Applications processed under this pathway are required to adhere to the labour mobility act of Alberta.

1.4 Substantial Equivalence Pathway

1. Applications via this pathway are processed pursuant to section 9 of the *Registered Nurse Profession Regulation*.

1.5 Renewal Pathway

1. Applicants eligible to apply via this pathway must be currently registered in Alberta.
2. Applications for renewal must be completed and submitted between August 1st and September 30th each year.
3. Applications via this pathway are processed pursuant to section 21 of the *Registered Nurse Profession Regulation*.

1.6 Return to Practice Pathway

1. Applicants eligible to apply via this pathway must have been previously registered in Alberta.
2. Applications via this pathway are processed pursuant to section 45 of the *Health Professions Act*.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1) and (2): Application for registration Section 29(1): Receipt and assessment of applications Section 30(1): Decisions on applications Section 38(1): Application date for practice permit Section 45(1): Reinstatement Section 45.1(1): Reinstatement following cancellation of practice permit, registration under Part 4 Section 46(1): Mandatory registration Section 119: Notifications by the College
Regulation	Section 3: Registered nurse register – new applicants Section 4: Nurse practitioner register – new applicants Section 8: Equivalent jurisdiction Section 9: Substantial equivalence Section 21: Renewal requirements

Bylaws	4.10: Application Date for Renewal of Annual Practice Permit 4.11: Reissuing of Practice Permit, Reinstatement of Registration 4.15 Equivalent Jurisdiction
Other	*Fair Registration Practices Act* *Labour Mobility Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all applications, including applications for initial registration, renewal, return-to-practice and reinstatement.

4. EXCEPTIONS

1. A registered nurse (RN) or nurse practitioner (NP) registered in another Canadian jurisdiction will not be required to apply for registration with the College if:
   a. Only providing professional nursing services by virtual care on an ad hoc basis to the public in Alberta.
   b. Only providing professional nursing services for the purposes of transporting a patient to or from a care facility in Alberta.
2. Exceptions for refund requests may be granted by the Registrar.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	January, 2026

RP 1.02 Application for Registration

1. POLICY STATEMENT

1.1 Mandatory Registration

1. Per Section 46(1) of the *Health Professions Act* (HPA) any person intending to provide professional nursing services in Alberta must apply for registration.
   a. Any situation that indicates a person may be providing professional nursing services without registration will be referred to the Registrar.

1.2 Application Process

1. Applicants must submit an application for registration, renewal or return-to-practice in accordance with the *Permit Application Requirements Policies* and application procedures published on the College website.
2. Applicants for reinstatement (following cancellation under Part 4 of the HPA) must contact the Registrar.
3. Applications must be submitted within the following timeframes:
   a. Initial registration, return-to-practice, or reinstatement: at any time.
   b. Renewal: prior to the end of the registration period.

1.3 Information Sharing

1. The College will provide applicants with information regarding:
   a. Application requirements.
   b. Length of time for assessment.
   c. Decisions made on an application.
   d. Review process.
2. In accordance with the *College Bylaws*, the College will provide information to employers or other regulatory bodies about the status of an application.

1.4 Fees and Refunds

1. In accordance with the *College Bylaws*, applicants must pay applicable fees when applying for registration. Account creation (assessment) fees are non-refundable. Application fees may be refunded if requested by the applicant if a decision has not been made on the application.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1) and (2): Application for registration Section 29(1): Receipt and assessment of applications Section 30(1): Decisions on applications Section 38(1): Application date for practice permit Section 45(1): Reinstatement Section 45.1(1): Reinstatement following cancellation of practice permit, registration under Part 4 Section 46(1): Mandatory registration Section 119: Notifications by the College
Regulation	N/A
Bylaws	4.10: Application Date for Renewal of Annual Practice Permit 4.11: Reissuing of Practice Permit, Reinstatement of Registration 4.12: Fees 4.15 Equivalent Jurisdiction 5.6: Access to Personal Information
Other	*Fair Registration Practices Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all applications, including applications for initial registration, renewal, return-to-practice and reinstatement.

4. EXCEPTIONS

1. A registered nurse (RN) or nurse practitioner (NP) registered in another Canadian jurisdiction will not be required to apply for registration with the College if:
   a. Only providing professional nursing services by virtual care on an ad hoc basis to the public in Alberta.
   b. Only providing professional nursing services for the purposes of transporting a patient to or from a care facility in Alberta.
2. Exceptions for refund requests may be granted by the Registrar.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
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RP 1.03 Application Assessment and Decisions

1. POLICY STATEMENT

1.1 Assessment

1. Assessment of an application for registration only occurs after a complete application is received.
2. An application is considered complete when the applicant has provided the requested evidence to address all the of the requirements indicated for the respective application type in the *Requirements by Application Type Policy* and paid the applicable fees.
3. Applicants will be notified via the College application website immediately once a complete application has been received.
4. Applications will be assessed using the *Permit Applications Requirements Policy* according to the authorities established in the HPA, Regulation and Bylaws.

1.2 Decisions

1. The College does not make interim decisions on applications.
2. Within 90 days of a complete application being received, applications will be assessed and assigned one of the following decisions with the respective notifications:

DECISION	NOTIFICATION SEND TO
APPROVED	Registrant
APPROVED WITH CONDITIONS	• Registrant • Other known Canadian regulatory colleges that that the registrant belongs to. • All other nursing colleges in Canada. • *May be sent to known employers in Canada
DENIED	Registrant

3. Notification of decision will be sent to an applicant whose application was approved with conditions or denied and will provide all the following information:
   a. Reasons for the decision.
   b. Any conditions and how they must be met.
   c. Right to request a review of the decision to impose conditions or deny the application, per Section 32(1) of the HPA.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 29(1): Receipt of application Section 30(1): Decision on application Section 31(1): Review application Section 32(1): Review of registration decision Section 38(1): Application date for practice permit Section 40(1): Applying of practice permit Section 41(1): Review by council Section 45(1): Reinstatement Section 45.1(1): Reinstatement following cancellation of practice permit, registration under Part 4. Section 119(1): Access to regulated members' information
Regulation	N/A
Bylaws	3.2.1 Regulatory Committees 4.11: Reissuing of Practice Permit, Reinstatement of Registration
Other	*Fair Registration Practices Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all applications, including applications for initial registration, renewal, return-to-practice and reinstatement.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
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RP 1.04 Registration Status

1. POLICY STATEMENT

1.1 Registration Status

1. Once an application is approved, the registrant will be assigned to one of the following registers and a status according to their application type based on the definitions in the table below.
   a. Registered nurse register
   b. Nurse practitioner register
   c. Provisional register
   d. Courtesy register
   e. Virtual care register
   f. Emergency register
   g. Certified graduate nurse register
   h. Non-practicing/former registrant register

STATUS	DEFINITION
ACTIVE	Currently registered as a registered nurse, nurse practitioner, certified graduate nurse, graduate nurse or graduate nurse practitioner.
EXPIRED	Suspended due to non-renewal.
CANCELLED	Cancelled due to: • Finding of unprofessional conduct; • Non-compliance of an imposed condition; or • Non-renewal.
SUSPENDED	Suspended due to finding of unprofessional conduct.

2. Registration statuses for individuals on the non-practising register:

STATUS	DEFINITION
INACTIVE	Non-practicing or former registrant.

3. Registration statuses are displayed on the College public website in accordance with the HPA.
   a. A registration status of "active with conditions" will include the conditions that have been imposed on the practice permit.
   b. An NP registrant's registration status will include the permit type.
   c. The registration status for a registrant who is "active" with authorization to prescribe and order diagnostic tests will identify the authorization to prescribe Schedule 1 drugs except controlled drugs and substances, and the specific clinical practice area.
4. In accordance with the HPA and the College's records retention policy, a former registrant will no longer be assigned a registration status following disposition of their registration records.
5. For the purposes of confirming registration with the College, the registrant's current registration status will be provided.
   a. The College defines "active" registration without conditions to be synonymous with "in good standing."

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1): Registers of members Section 34(1): Register information Section 36(1): Registration of regulated members Section 39: Suspension if application not made Section 43(1): Cancellation of a practice permit
Regulation	Section 2: Register categories
Bylaws	4.2: Register Sub-Categories 4.10: Application Date for Renewal of Annual Practice Permit

	4.11: Reissuing of Practice Permit, Reinstatement of Registration 4.12: Fees
Other	*Fair Registration Practices Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all individuals on any register.

4. EXCEPTIONS

1. Where required by the HPA, a registration status will be displayed on the College public website.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

2. Register Categories

RP 2.01 Registered Nurse Register

1. POLICY STATEMENT

1. Registrants registered on the registered nurse register are subject to the following parameters:

Parameter	Details
Eligibility	Applicants will be registered on the registered nurse register in accordance with Section 3(1) of the Regulation.
Permit Duration	Up to one year, commencing at any time during the year and expiring September 30.
Renewal	Must be renewed annually to maintain active status. Registration status will be updated to the applicable status if not renewed.
Authorized Titles	Registered nurse (RN)
Practice Limitations	None
Available Additional Authorizations	Prescribing Schedule 1 drugs (except controlled drugs and substances) and ordering diagnostic tests.

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(a): Registers of members Section 38(1): Application date for practice permit
Regulation	Section 3(1): Registered nurse register — new applicants Section 14(1): Authorization to use titles, etc.
Bylaws	4.10: Application Date for Renewal of Annual Practice Permit
Other	*Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60)

3. SCOPE AND APPLICABILITY

1. This policy applies to all registrants who are issued a practice permit on the registered nurse register.

4 EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

RP 2.02 Nurse Practitioner Register

1. POLICY STATEMENT

1. Registrants registered on the nurse practitioner register are subject to the following parameters:

Parameter	Details
Eligibility	Applicants will be registered on the nurse practitioner register in accordance with Section 4(1) of the Regulation. Applicants for nurse practitioner registration may be registered as a nurse practitioner or a neonatal nurse practitioner dependant on which approved nursing education program was completed.
Permit Duration	Up to one year, commencing at any time during the year and ending September 30.
Renewal	Must be renewed annually to maintain active status. Registration status will be updated to the applicable status if not renewed.
Authorized Titles	Nurse practitioner (NP)
Practice Limitations	Must only practise within the permit type assigned at registration.
Available Additional Authorizations	None

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(a): Registers of members Section 38(1): Application date for practice permit
Regulation	Section 4(1): Nurse practitioner register — new applicants Section 14(4): Authorization to use titles, etc.
Bylaws	4.10: Application Date for Renewal of Annual Practice Permit
Other	*Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60) *Scope of Practice for Nurse Practitioners*

3. SCOPE AND APPLICABILITY

1. This policy applies to all registrants who are issued a practice permit on the nurse practitioner register.

4. EXCEPTIONS

1. There are no exceptions to this policy for individuals who are applying for registration on the nurse practitioner register.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 2023
Review Schedule	Annually
Revised	October, 2026

RP 2.03 Provisional Register

1. POLICY STATEMENT

1. Registrants registered on the provisional register are subject to the following parameters:

Parameter	Details
Eligibility	Applicants will be registered on the provisional register in accordance with Section 6(1) of the Regulation.
Permit Duration	Up to 6 months, beginning the date the application is approved and ending 6 months from the date of approval.
Renewal	Eligible for renewal up to a maximum of 12 months on the provisional register. Registration status will be updated to the applicable status if it is not renewed.
Authorized Titles	Based on the permit issued, a registrant is eligible to use one of the following: • Graduate nurse (GN) • Graduate nurse practitioner (GNP) • Neonatal graduate nurse practitioner (NGNP)
Practice Limitations	Must practise under supervision in accordance with the *Supervision Standards*.
Available Additional Authorizations	None

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(a): Registers of members
Regulation	Section 6(1): Provisional registration Section 14(6) and (7): Authorization to use titles, etc.
Bylaws	N/A
Other	*Supervision Standards* *Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60) *Scope of Practice for Nurse Practitioners*

3. SCOPE AND APPLICABILITY

1. This policy applies to all registrants who are issued a practice permit on the provisional register.

4. EXCEPTIONS

1. If a regulated member registered on the provisional register fails the applicable registration exam twice, the Registrar shall cancel the regulated member's registration on the provisional register based on Regulation 6(6).
2. The Registration Committee may direct the Registrar to renew provisional registration for up to a total of 18 months based on Regulation 6(7).
3. The Registrar may renew provisional registration for a GNP/NGNP for up to a total of 24 months based on Regulation 6(8).

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 2023
Review Schedule	Annually
Revised	October, 2026

RP 2.04 Courtesy Register

1. POLICY STATEMENT

1. Registrants registered on the courtesy register are subject to the following parameters:

Parameter	Details
Eligibility	Applicants who require registration in Alberta on a temporary basis may be registered on the courtesy register in accordance with Section 7(1) of the Regulation.
Purpose	The Registrar has approved the following purposes for courtesy registration: • Assisting in emergencies or disaster relief efforts • Volunteer activity • Research activity, where the primary research activity is in another jurisdiction, and the research requires direct access to clients or has ethical implications for human participants • Educational clinical practicum (e.g., a nurse practitioner, clinical care or emergency nursing certificate program) • Contract as a teaching staff member in an Alberta nursing education program • Job action disrupting health-care services • Training or certification activity not related to a formal educational clinical practicum
Permit Duration	Up to three (3) months, beginning the date the application is approved and expiring after three (3) months.
Authorized Titles	Based on the application type submitted and permit issued, a registrant is eligible to use one of the following: • Registered nurse (RN) • Nurse practitioner (NP)
Practice Limitations	At the discretion of the Registrar at the time of registration.
Available Additional Authorizations	None

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(a): Registers of members
Regulation	Section 7(1): Courtesy registration Section 14(8) and (9): Authorization to use titles, etc.
Bylaws	4.15: Equivalent Jurisdictions
Other	*Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60) Canadian Free Trade Agreement *Labour Mobility Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all registrants who are issued a practice permit on the courtesy register.

4. EXCEPTIONS

1. At the discretion of the Registrar, applicants may be eligible for:
   a. more than one courtesy permit (for example camp nursing every June).
   b. Extension of courtesy permit.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 2023
Review Schedule	Annually
Revised	March, 2025

RP 2.05 Virtual Care Register

1. POLICY STATEMENT

1. Registrants registered on the virtual care register are subject to the following parameters:

PARAMETER	DETAILS
ELIGIBILITY	Applicants will be registered on the registered nurse register in accordance with the *College Bylaws* 4.3 and Memorandum of Agreement: Interjurisdictional Telenursing between the CRNA, CRNS and CANNN (formerly RNANT/NU) dated April 22, 2022.
PERMIT DURATION	Up to one year, commencing at any time during the year and ending Sept. 30.
RENEWAL	Registrants must maintain active registration in home jurisdiction in order to maintain active status with the CRNA. Registration status will be updated to the applicable status if not renewed.
AUTHORIZED TITLES	Based on the application type submitted and permit issued, a registrant is eligible to use one of the following: • Registered nurse (RN) • Nurse practitioner (NP)
PRACTICE LIMITATIONS	Every registrant registered on the virtual care register may practise only from a jurisdiction outside of Alberta. (CRNS, CANNN).
AVAILABLE ADDITIONAL AUTHORIZATIONS	None

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(a): Registers of members Section 38(1): Application date for practice permit
Regulation	Section 3(1): Registered nurse register – new applicants Section 4(1): Nurse practitioner register – new applicants Section 14(1): Authorization to use titles, etc.
Bylaws	4.3: College register – virtual care 4.10: Application Date for Renewal of Annual Practice Permit
Other	*Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60)

3. SCOPE AND APPLICABILITY

1. This policy applies to all registrants who are issued a practice permit on the virtual care register.

4 EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 22, 2022
Review Schedule	Annually
Revised	March, 2025

RP 2.05A Virtual Care Memorandum of Agreement

MEMORANDUM OF AGREEMENT ("MOA") INTERJURISDICTIONAL TELENURSING

This MOA is approved in principle as of April 22, 2022 and is effective as at the date of execution.

BETWEEN:

College of Registered Nurses of Alberta ("CRNA")

-and-

College of Registered Nurses of Saskatchewan ("CRNS")

-and-

Registered Nurses Association of the Northwest Territories and Nunavut ("RNANT/NU")

(each a "**Regulator**" and collectively the "**Regulators**")

WHEREAS the CRNA and the CRNS entered into a Memorandum of Agreement effective as of November 19, 2021 to streamline and facilitate the registration of nurses between the respective provinces to provide Telenursing services;

AND WHEREAS the CRNA and the CRNS have been open to the potential expansion of this initiative to other Canadian jurisdictions;

AND WHEREAS the RNANT/NU wishes to work towards a streamlined registration process for the purpose of facilitating Telenursing services between Alberta, Saskatchewan, the Northwest Territories and Nunavut;

AND WHEREAS the Regulators wish to amend the previous Memorandum of Agreement to facilitate such streamlined registration amongst the respective jurisdictions;

NOW THEREFORE, the Regulators agree as follows:

DEFINITIONS:

1. In this MOA:
   a. "**Applicable Laws**" means the laws of the Province of Alberta, in respect of CRNA, the laws of the Province of Saskatchewan, in respect of CRNS, and the laws of the Northwest Territories and Nunavut in respect of RNANT/NU, as well as all federal laws applicable in each province;
   b. "**CGN**" means a regulated member on the certified graduate nurse register of the CRNA;
   c. "**Disciplinary History**" means having entered into an agreement or being subject to an order or direction from a Regulator or a court for professional misconduct, unprofessional conduct, complaint resolution, professional incompetence or incapacity;
   d. "**Employer**" means anyone who employs or hires a Nurse, whether through an
      i. employment relationship, as an independent contractor, or otherwise;
   e. "**Interjurisdictional**" means services performed across provincial or territorial borders between Alberta, Saskatchewan and/or the Northwest Territories and Nunavut;
   f. "**Licence**" means a practice permit as defined in Alberta's *Health Professions Act*, a licence within the meaning of *The Registered Nurses Act, 1988* of Saskatchewan, or a certificate of registration within the meaning of Northwest Territories' *Nursing Professions* Act and within the meaning of Nunavut's *Nursing Act*;
   g. "**NP**" means nurse practitioner;
   h. "**Nurse**" means a NP, RN or CGN;
   i. "**Primary Jurisdiction**" means the jurisdiction in which the Nurse resides, and is registered in the registered nurse register, nurse practitioner register, or the certified graduate nurse register in Alberta, in the practicing membership category and either the general practice category or nurse practitioner category in Saskatchewan, or in the active class of the registered nurse or nurse practitioner category in the Northwest Territories or Nunavut, as the case may be, without any restrictions or limitations on the Nurse's Licence;
   j. "**Remotely**" means in the absence of physical contact or physical proximity
      i. between the Nurse and the patient or client;

k. "**RN**" means registered nurse;
l. "**Secondary Jurisdiction**" means one or more jurisdictions in which the Nurse is Licenced/permitted to provide Telenursing services only;
m. "**Telenursing**" means the provision of nursing services Remotely, which may include, but is not limited to, mediums such as videoconferencing, email, apps, web-based communication, wearable technology, virtual reality and artificial intelligence; and
n. **"Telepractice Nurse**" means a Nurse providing Interjurisdictional Telenursing
   i. services under this MOA.

OVERVIEW:

2. This MOA uses existing nursing regulatory frameworks in Alberta, Saskatchewan, the Northwest Territories and Nunavut to enable Interjurisdictional Telenursing.
3. The Regulators recognize the value in having a common understanding regarding the regulatory requirements that exist for the effective regulation of Nurses providing Interjurisdictional Telenursing services.
4. The Regulators wish to adopt a common regulatory framework that removes unnecessary barriers that could discourage Nurses from providing Interjurisdictional Telenursing services, while ensuring that quality of care, accountability, and the protection of the public are not compromised.
5. The MOA is intended to establish how the Regulators will address key regulatory requirements (including registration, Licensing, continuing competence, insurance, complaints and discipline) for the provision of Interjurisdictional Telenursing services.
6. The MOA enables the provision of nursing services across provincial and/or territorial borders for Alberta nurses employed with Alberta Health Services, Covenant Health or Indigenous Services Canada; for Saskatchewan nurses employed with the Saskatchewan Health Authority or Indigenous Services Canada; and for NWT and Nunavut nurses employed with the Government of the Northwest Territories or the Government of Nunavut.

PRINCIPLES:

7. In accordance with this MOA, a Nurse whose Primary Jurisdiction is in one province or territory may deliver Telenursing services to patients who are physically situated in the Nurse's Secondary Jurisdiction.
8. Telenursing does not alter the legal and professional requirements imposed on Nurses to provide competent, professional, ethical and appropriate care regardless of where the patient is located.
9. Professional expectations are the same regardless of the service delivery model (i.e. face- to-face care and Telenursing share consistent expectations unless standards of practice are developed specifying otherwise).

REGISTRATION:

10. Telepractice Nurses must be registered to practice and hold a current Licence to practice with the Regulator in their Primary Jurisdiction.
11. Telepractice Nurses must be registered to practice and hold a current Licence to practice Telenursing in their Secondary Jurisdiction.
12. Each of the Regulators will endeavor to implement fair, transparent and consistent registration and renewal processes for Telepractice Nurses or Nurses seeking to become Telepractice Nurses, as the case may be, by:
    a. creating, using or modifying a new or existing appropriate category or register for Nurses who are only seeking registration in a Secondary Jurisdiction for the purpose of providing Interjurisdictional Telenursing services;
    b. limiting the regulatory requirements for the registration of Nurses seeking to become Telepractice Nurses as much as legally and practically possible, while ensuring protection of the public is not compromised;
       i. requiring vulnerable sector checks, as applicable, of Nurses applying to become Telepractice Nurses only if it has been more than six months since they last obtained a vulnerable sector check for the purposes of registration in their Primary or Secondary Jurisdiction;
    c. placing limitations or conditions, as the case may be, on the Nurse's Licence, or taking other steps, if

necessary, to restrict practice in the Secondary Jurisdiction to the provision of Telenursing services; and

d. agreeing to a registration or renewal fee, if any, for registration/renewal in a Secondary Jurisdiction where practice is to be limited to Telenursing services only. The Regulators also acknowledge that the registration or renewal fee, if any, they agree to may be revisited at any time at the request of any Regulator, and will be revisited as Interjurisdictional registration continues to expand in Canada.

13. The Regulators agree that Nurses seeking to become Telepractice Nurses must:
    a. be in good standing with the Regulator in their Primary Jurisdiction and not be under active investigation;
    b. disclose any outstanding allegations or Disciplinary History in their Primary Jurisdiction, and disclose the nature of such allegations or findings; and
    c. review and confirm that they understand and agree to adhere to legislative and regulatory requirements for providing nursing services in both their Primary Jurisdiction and their Secondary Jurisdiction, including the practice standards and Code of Ethics in each jurisdiction.
14. Regulators are responsible for obtaining relevant information from Employers in their jurisdiction to seek assurance, or to provide assurance to another Regulator, that the Nurse is competent to provide Telenursing services in the Nurse's Secondary Jurisdiction.
15. Regulators are responsible for obtaining a list of names from Employers in their jurisdiction, regarding employees providing Telenursing services in a Secondary Jurisdiction, and are responsible for working with the Employers to maintain the currency of such list. The list must include:
    a. registration number;
    b. name and address;
    c. date of birth;
    d. category of practice;
    e. Licence issued (practicing/active); and
    f. specialty, if any, for a NP.
16. Each Regulator will ensure other Regulators, as applicable, have a current copy of the lists referred to in section 15 above at all times.
17. Each Regulator will provide an update of any changes in the registration status of Telepractice Nurses as a result of Disciplinary History to other Regulators, as applicable, as they occur. For greater clarity, where a Telepractice Nurse does not apply for renewal of a Licence as a Telepractice Nurse in a Secondary Jurisdiction, the Regulator in the Secondary Jurisdiction has no duty to notify the Regulator in the Primary Jurisdiction, or any other Secondary Jurisdiction, of the expiry of the Licence.

CONTINUING COMPETENCE:

18. The Regulators recognize that continuing competence requirements and programs may differ between jurisdictions. The Regulators agree that satisfaction of the continuing competence requirements in the Nurse's Primary Jurisdiction will be sufficient for the purposes of renewing registration in the Secondary Jurisdiction.

INSURANCE:

19. Nurses providing Interjurisdictional Telenursing Services under this MOA must hold professional liability insurance in an amount that meets the minimum requirements of each jurisdiction when engaged in Interjurisdictional Telenursing. Where there is a difference in minimum requirements, the Nurse must be insured to meet the higher requirements.

COMPLAINTS & DISCIPLINE:

20. Telepractice Nurses must ensure that patients/clients are informed about where they are registered and licenced to practice and how to contact the Regulator in the jurisdiction where the patient/client resides.
21. Telepractice Nurses must promptly inform the Regulator in their Primary Jurisdiction of any allegations, findings of, or agreements related to unprofessional conduct, professional misconduct, professional incompetence and/or incapacity in their Secondary Jurisdiction, and of the nature of such allegations, findings of fact or terms of agreements.
22. The Regulators recognize and acknowledge that:

a. a complainant has the right to choose where to launch a complaint;
b. once a complaint is launched in respect of a Telepractice Nurse, the Regulator in the jurisdiction where the complaint was launched has a legal obligation to process the complaint;
c. once a complaint is launched in respect of a Telepractice Nurse, the Regulator in the jurisdiction where the complaint was launched will inform the other Regulators where the Nurse has a Licence:
    i. that a complaint has been received;
    ii. of information about the registrant (including contact information); and
    iii. of the outcome of the complaint and, specifically, whether it resulted in any remediation requirements or any disciplinary action by the Regulator, including but not limited to conditions placed on, or a suspension of, the Nurse's Licence.

23. The Regulators recognize that they must collect, use, disclose and safeguard information for the purposes of this MOA in compliance with Applicable Laws.

MISCELLANEOUS

24. The Regulators recognize that each of them has different legislative requirements and that this MOA can only be implemented if not contrary to Applicable Laws. The Regulators agree to seek legislative changes as required to ensure the implementation and continued operation of this MOA.
25. The Regulators agree to jointly attempt to find solutions to share information.

Date: April 19, 2022

COLLEGE OF REGISTERED NURSES OF ALBERTA

Per: Joy Peacock, BSN, MSc, RN
Title: Chief Executive Officer and Registrar

Date: April 22, 2022

COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

Per: Cindy Smith, RN, BScN, MN
Title: Executive Director

Date: April 22, 2022

REGISTERED NURSES ASSOCIATION OF THE NORTHWEST TERRITORIES AND NUNAVUT

Per: Denise Bowen, BScN, MN, RN
Title: Executive Director

RP 2.06 Emergency Register

1. POLICY STATEMENT

1. Registrants registered on the emergency register are subject to the following parameters:

Parameter	Details
Eligibility	Applicants who require registration in Alberta on a temporary basis may be registered on the emergency register in accordance with the *College Bylaws*.
Purpose	At the discretion of the Chief Executive Officer and Registrar when urgent registration is necessary and appropriate to support the public interest, public safety, public health, continuity of care, health system capacity, emergency response, or other exceptional circumstances.
Permit Duration	Maximum term of three (3) months, which may be renewed once at the discretion of the Registrar.
Authorized Titles	Based on the application type submitted and permit issued, a registrant is eligible to use one of the following: • Registered nurse (RN) • Nurse practitioner (NP)
Practice Limitations	At the discretion of the Registrar at the time of registration.
Available Additional Authorizations	None

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(a): Registers of members
Regulation	Section 14(8) and (9): Authorization to use titles, etc.
Bylaws	4.4 Emergency Register 4.15: Equivalent Jurisdictions
Other	*Public Health Act* *Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60) Canadian Free Trade Agreement *Labour Mobility Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all registrants who are issued a practice permit on the emergency register.

4. EXCEPTIONS

1. At the discretion of the Registrar, applicants may be eligible for a one-time extension.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 2023
Review Schedule	Annually
Revised	July, 2026

RP 2.07 Certified Graduate Nurse Register

1. POLICY STATEMENT

1. Registrants registered on the certified graduate nurse register are subject to the following parameters:

Parameter	Details
Eligibility	Applicants will be registered on the certified graduate nurse Register in accordance with Section 5 of the Regulation.
Permit Duration	Up to one year, commencing at any time during the year and ending September 30.
Renewal	Must be renewed annually to maintain active status. Registration status will be updated to the applicable status if not renewed.
Authorized Titles	Certified graduate nurse (CGN)
Practice Limitations	None
Available Additional Authorizations	None

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(a): Registers of members Section 38(1): Application date for practice permit
Regulation	Section 5: Certified graduate nurse register Section 14(2): Authorization to use titles, etc.
Bylaws	4.10: Application Date for Renewal of Annual Practice Permit
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all registrants who are issued a practice permit on the certified graduate nurse register.

4. EXCEPTIONS

1. There are no exceptions to this policy for individuals who are applying for registration on the certified graduate nurse register.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 2023
Review Schedule	Annually
Revised	March, 2025

RP 2.08 Non-Practising Register

1. POLICY STATEMENT

1. Individuals on the non-practising register are not regulated members of the College. Individuals registered on the non-practising register are subject to the following parameters:

Parameter	Details
Eligibility	Applicants will be registered on the non-practising register in accordance with the *College Bylaws*.
Permit Duration	Up to one year, commencing at any time during the year and ending September 30.
Renewal	Must be renewed annually to maintain inactive status. Registration status will be updated to the applicable status if it is not renewed.
Authorized Titles	Not entitled to use any protected title.
Practice Limitations	Not entitled to practise in any setting.
Available Additional Authorizations	None

2. BACKGROUND AND AUTHORITY

HPA	Section 33(1)(b): Registers of members
Regulation	N/A
Bylaws	4.5: Non-Practising Former Registrants 4.10: Application Date for Renewal of Annual Practice Permit
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all former registrants who choose not to practise and are registered on the non-practising register.

4. EXCEPTIONS

1. Individuals who do not apply for the non-practising register will have their registration status updated in accordance with the *Registration Status Policy*.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 2023
Review Schedule	Annually
Revised	March, 2025

RP 2.09 Register Error

1. POLICY STATEMENT

1. If the Registrar becomes aware that an entry was made on the register in error, the Registrar may correct or remove any entry made in error in a register.
2. A registrant may request the Registrar to correct or remove any information in the register that is inaccurate or incomplete if the registrant provides the Registrar with the information that is necessary to enable the Registrar to correct the incomplete or inaccurate information.

2. BACKGROUND AND AUTHORITY

HPA	Section 35(1) and (2): Register error
Regulation	N/A
Bylaws	College Register 4.8.1 College Register 4.8.2
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all entries made on the College's register.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 2024
Review Schedule	Annually
Revised	March, 2025

3. Permit Application Requirements

RP 3.01 Requirements by Application Type

1. POLICY STATEMENT

1.1 Application Requirements

1. Applications for a practice permit will include the application requirements listed below.

Source of Authority	RN REGS 33(1)	HPA 28(2), RN REGS 10(1), 10(2)	HPA 28(2), RN REGS 3(1)(A)	HPA 28(1)(F), RN REGS 13	RN REGS 10.1(2)(A)(B)(C)	RN REGS 19.1(1) 19.2(1)	HPA 28(1), RN REGS 11(1)	RN REGS 12	RN REGS 3(1)(C)	HPA 28(1), RN REGS 12.1
CRNA Policy	3.02	3.03	3.04	3.05	3.06	3.07	3.08	3.09	3.10	3.11
Application Type	Demographic Information	Registration Exam	Post-secondary Education	English Language Proficiency	Currency of Practice	Continuing Competence	Good Character	Fitness to Practice	Jurisprudence	Professional Liability
Initial Registration										
RN	●	●	●	●	●		●	●	●	●
NP	●	●	●	●	●		●	●	●	●
Equivalent Jurisdiction										
Canadian – RN/NP	●			●			●	●	●	●
Courtesy – RN/NP	●			●			●	●	●	●
Virtual Care – RN/NP	●			●			●	●	●	●
Substantial Equivalence										
RN	●	●	●	●	●		●	●	●	●
NP	●	●	●	●	●		●	●	●	●
Renewal & Return to Practice										
RN	●				●	●	●	●		●
NP	●				●	●	●	●		●
CGN	●				●	●	●	●		●
RN – Emergency	●				●	●	●	●		●
Non-practising										
RN/NP/CGN	●									

* Return-to-practice = Reinstatement following cancellation under Part 2 of the HPA. Applicants seeking reinstatement under Part 4 of the HPA must contact the Registrar.

1.2 Meeting Application Requirements

1. Applicants must provide information/evidence or otherwise satisfy each of the requirements for the respective application type before the application is considered complete and is able to be submitted for assessment.
2. Application requirements that are satisfied by attestation, declaration or other means whereby evidence is not submitted with the application are subject to the *Quality Assurance Policy*.
3. Evidence of application requirements that are satisfied by documentation submission must be sent direct to the College from the source.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 33(1): Registers of members Section 38(1): Application date for practice permit Section 40(1): Applying of practice permit Section 41(1): Review by council Section 45(1): Reinstatement Section 45.1(1): Reinstatement following cancellation of practice permit, registration under Part 4.
Regulation	Section 3(1): Registered nurse register — new applicants Section 4(1): Nurse practitioner register — new applicants Section 5: Certified graduate nurse register Section 6(1): Provisional registration Section 7(1): Courtesy registration Section 8: Equivalent jurisdiction Section 9(1): Substantial equivalence Section 21: Renewal requirements
Bylaws	4.3 Virtual Care 4.4 Emergency 4.5: Non-Practising Former Registrants 4.11: Reissuing of Practice Permit, Reinstatement of Registration
Other	*Canadian Free Trade Agreement* *Fair Registration Practices Act* *Labour Mobility Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal or return-to-practice.

4. EXCEPTIONS

1. This policy does not apply to an application for reinstatement following cancellation under Part 4 of the HPA. The applicant must contact the Registrar to apply in accordance with Section 45.1(1) of the HPA. The requirements of the application and evidence to satisfy the requirements will be determined by the Registrar.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

RP 3.02 Demographic Information

1. POLICY STATEMENT

1.1 Requirement Definition

1. The demographic information requirement for an application for registration, renewal or return-to-practice on any register is defined, per Section 33(4)(b) of the HPA and Bylaws 4.7, as providing information respecting the applicant's:
   a. Demographic status, including:
      i. Full legal name, aliases and previous names.
      ii. Date of birth.
      iii. Gender.
   b. Contact information, including:
      i. Addresses.
      ii. Email addresses.
      iii. Other contact information.

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the demographic information requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Submit	Online verification process
Equivalent Jurisdiction	Submit	Online verification process
Substantial Equivalence	Submit	Online verification process
Renewal & Return to Practice	Complete	Confirm previous information
Non-Practising	Complete	Confirm previous information

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the demographic information requirement is eligible for registration on the applicable register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the demographic information requirement is not eligible for registration.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 33(1): Registers of members Section 40(1): Applying for practice permit Section 21: Renewal requirements
Regulation	N/A
Bylaws	4.7: Name to be used on the register 4.11: Reissuing of Practice Permit, Reinstatement of Registration
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. Applicants or registrants who do not want to complete the online verification of demographic information may present in-person to the College's office to complete the verification process manually.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 2023
Review Schedule	Annually
Revised	March, 2025

RP 3.03 Registration Exam

1. POLICY STATEMENT

1.1 Requirement Definition

1. The registration exam requirement for an application for registration as an RN is defined as meeting one of the following criteria:
   a. Passing the National Council Licensure Exam – RN (NCLEX-RN); or
   b. Registration in good standing in a recognized equivalent jurisdiction listed in *College Bylaws* 4.15.
2. The registration exam requirement for an application for registration as an NP is defined as meeting one of the following criteria:
   a. Registration in good standing in a recognized equivalent jurisdiction listed in *College Bylaws* 4.15; or
   b. Passing the registration exam applicable to the applicant's permit type:
      i. Canadian Nurse Practitioner Examination (CNPE); or
      ii. Family Nurse Practitioner Exam (FNP-C); or
      iii. Adult-Gerontology Primary Care Nurse Practitioner (A-GNP) Examination; or
      iv. Canadian Nurse Practitioner Licensure Examination (CNPLE); or
      v. Neonatal Nurse Practitioner Examination (NNPE).

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the registration exam requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Submit	Exam results
Equivalent Jurisdiction	Submit	Verification of active registration
Substantial Equivalence	Submit	• Exam results; or • Verification of active registration.
Renewal & Return to Practice	Not required	
Non-Practising	Not required	

1.3 Outcome – Requirement Met

1. An applicant who provides evidence of passing the registration exam within the allotted timeframe (or allotted attempts) will be registered on the RN or NP register if all other registration requirements are met.
2. An Initial applicant who has not yet completed the registration exam may be eligible for registration on the provisional register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the registration exam requirement will have their application escalated for review by the Registrar, per the delegated authority from Registration Committee (per Section 10(3), 10(4) and 10(5) of the Regulation).

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 33(1): Registers of members Section 40(1): Applying for practice permit
Regulation	Section 3(1): Registered nurse register — new applicants Section 4(1): Nurse practitioner register — new applicants Section 6(1): Provisional registration Section 9(1): Substantial equivalence Section 10(1): Registration exam
Bylaws	4.15: Equivalent Jurisdictions
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. The are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	October, 2026

RP 3.04 Post-Secondary Education

1. POLICY STATEMENT

1.1 Requirement Definition

1. The post-secondary education requirement for an application for registration as an RN is defined as meeting one of the following criteria:
   a. Successfully completing an education requirement as per Section 3(1) of the Regulation, within 5 years prior to the date of the application; or
   b. Registration in good standing, in a recognized equivalent jurisdiction listed in *College Bylaws* 4.15; or
   c. National Nursing Assessment Service report that provides confirmation of education rated as comparable or somewhat comparable; or
   d. Education credential evaluation service report that provides confirmation of successfully completing post-secondary education equivalent to a three-or-four-year Canadian baccalaureate degree in nursing in combination with successfully completing the registration exam.
2. Post-secondary education for an application for registration as an NP is defined as meeting the following criteria:
   a. Successfully completing an education requirement as per Section 4(1) of the Regulation within 4 years prior to the date of the application.

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the post-secondary education requirement:

Application Type	Evidence Type	Accepted RN Evidence	Accepted NP Evidence
Initial Registration	Submit	• Official transcripts; or • Confirmation of program completion.	• Official transcripts; or • Confirmation of program completion; and • Confirmation of CDS jurisprudence module completion.
Equivalent Jurisdiction	Submit	• Verification of active registration	• Verification of active registration; and • Confirmation of CDS jurisprudence module completion.

Application Type	Evidence Type	Accepted RN Evidence	Accepted NP Evidence

Substantial Equivalence	Submit	• Education Credential Assessment from one of the following:
		  • International Qualifications Assessment Service (IQAS)
		  • World Education Services (WES)
		  • Comparative Education Service – University of Toronto School of Continuing Studies
		  • International Credential Assessment Service of Canada (ICAS)
		  • International Credential Evaluation Service – British Columbia Institute of Technology
		  • NNAS report indicating comparable or somewhat comparable registered nursing education
			• One or more of the following:
			  • Official transcripts confirming completion of advanced nursing/nurse practitioner education
			  • Scope of practice documents from applicant's practice setting
			  • Syllabus and course comparison from applicant's advanced nursing/nurse practitioner education institution
			  • Verification of registration as a nurse practitioner globally
			  • Education Credential Assessment confirming advanced nursing/nurse practitioner education
			  • Self-assessment of nurse practitioner competence to practice
			  • Employer reference and assessment of nurse practitioner competence to practice

Renewal & Return to Practice	N/A		
Non-Practicing	N/A		

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the post-secondary education requirement will be eligible for registration on the applicable register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the post secondary education requirements will be considered not eligible for registration if:
   a. RN applicant's education credential assessment does not confirm successfully completing 3 to 4 years of post-secondary registered nursing education is not eligible for registration.
   b. RN applicant's National Nursing Assessment Service report rates their education as "not comparable."
   c. Applicants that do not meet the education requirement will need to provide evidence of successfully completing a competence assessment or nursing bridging program.
2. An applicant whose evidence does not meet the post secondary education requirements will have their application escalated for review by the Registrar if:
   a. Applicant's registration in a recognized equivalent jurisdiction listed in *College Bylaws* 4.15, is not in good standing.
   b. NP applicant's successful completion of an NP education program is not an approved program.
   c. RN applicant's education credential assessment confirms successfully completing atypical nursing education.
   d. RN applicant's successful completion of an approved RN education program occurred more than 5 years prior to the date of the application.

e. NP applicant's successful completion of an approved NP education program occurred more than 4 years prior to the date of the application.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 33(1): Registers of members Section 40(1): Applying for practice permit
Regulation	Section 3(1): Registered nurse register — new applicants Section 4(1): Nurse practitioner register — new applicants Section 9(1): Substantial equivalence
Bylaws	4.15: Equivalent Jurisdictions
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	August, 2025

RP 3.05 English Language Proficiency

1. POLICY STATEMENT

1.1 Requirement Definition

1. The English language proficiency requirement for an application on any register is defined as meeting one of the following criteria:
   a. Any time:
      i. Successful completion of a nursing* education program of at least two years of full-time study in Canada where the theory and clinical were provided In English
   b. Within the past 2 years:
      i. Completion of Canadian English Language Benchmark Assessment for Nurses (CELBAN) test meeting the following minimum scores:
         - Minimum scores: Listening = 9, Writing = 7, Reading = 8, Speaking = 8.
      ii. Completion of International English Language Testing System (IELTS) Academic test meeting the following minimum scores:
         - Minimum scores: Listening = 7.0, Writing = 6.5, Reading = 6.5, Speaking = 7.0, Overall = 7.0.

The CELBAN and IELTS test results expire two years from the date completed.

   c. Within the past 5 years:
      i. Successful completion of a nursing* education program of at least two years of full-time study outside of Canada where the theory and clinical were provided In English
      ii. Practiced as a nurse* for at least 250 hours in a jurisdiction where the health care services are provided In English

* Includes graduate nurse/registered nurse, graduate nurse practitioner/nurse practitioner, certified graduate nurse, registered psychiatric nurse or licensed practical nurse.

1.2 Satisfying the Requirement

1. Applicants must provide the following information or evidence to meet the English language proficiency requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Attest	• Official transcripts; or • Confirmation of program completion.
Equivalent Jurisdiction	Attest	• Verification of active registration
Substantial Equivalence	Submit & Attest	• Official transcripts; or • NNAS or other credential recognition report; or • Employment verification; or • CELBAN or IELTS test results.
Renewal & Return to Practice	Attest	N/A
Non-Practicing	Attest	N/A

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the English language proficiency requirement is eligible for registration on the applicable register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the English language proficiency requirement is not eligible for registration.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 33(1): Registers of members Section 40(1): Applying for practice permit
Regulation	N/A
Bylaws	N/A
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration that have not been previously registered with the CRNA.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	August, 2025

RP 3.06 Currency of Practice

1. POLICY STATEMENT

1.1 Requirement Definition

1. The currency of practice requirement for an application for registration, renewal or return-to-practice as an RN is defined as:
   a. Practiced at least 450 hours of nursing practice (includes RN and NP hours) within the 2 practice years prior to the date of the application or
   b. Meeting one of the following criteria within the 5 practice years prior the date of the application:
      i. Successfully completed a nursing program approved by Council
      ii. Practiced at least 1125 hours of nursing practice (includes RN and NP hours)
      iii. Completed the RNCCAP competence assessment indicating competence to practise as an RN.
      iv. Successfully completing a recognized nursing bridging program
      v. Successfully completed a program leading to re-entry to nursing practice (also known as a nursing refresher program)
      vi. Completed nursing courses, at a college or university level (at the discretion of the Registrar)
2. The currency of practice requirement for an application for registration as an NP, per Section 10.1(3) of the Regulation, is defined as meeting one of the following within the 4 complete practice years immediately preceding the date of the application:
   a. Successfully completed an approved NP education program
   b. Completed at least 1,000 NP hours, of which 500 hours must be clinical practice applicable to the permit type

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the currency of practice requirement:

Application Type	Evidence Type	Accepted Evidence if requested
Initial Registration	Attest	• Official transcripts; or • Confirmation of program completion; or • Confirmation of practice hours.
Equivalent Jurisdiction	Not required	N/A
Substantial Equivalence	Attest	• Official transcripts; or • Confirmation of program completion; or • Confirmation of practice hours; or • Credential recognition report; or • Employment verification; or • RNCCAP report; or • National Nursing Assessment Service report.
Renewal & Return to Practice	Attest	• Official transcripts; or • Confirmation of program completion; or • Confirmation of practice hours.
Non-Practising	Not required	N/A

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the currency of practice requirement is eligible for registration on the respective register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the currency of practice requirement will have their application escalated for review by the Registrar, per the delegated authority from Registration Committee (per Section 10.1(4) of the Regulation).

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 33(1): Registers for members Section 40(1): Applying for practice permit
Regulation	Section 8: Equivalent jurisdiction Section 9(1): Substantial equivalence Section 10.1(1): Currency of practice
Bylaws	N/A
Other	*Canadian Free Trade Agreement* *Fair Registration Practices Act* *Labour Mobility Act*

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. Applications submitted under the Canadian Free Trade Agreement are exempt from this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	October, 2026

RP 3.07 Continuing Competence Program

1. POLICY STATEMENT

1.1 Requirement Definition

1. The continuing competence program requirement for an application for registration on any register with the College is defined as: attesting to have met the requirements of the standards of practice for the continuing competence program.

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the continuing competence program requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Not required	
Equivalent Jurisdiction	Not required	
Substantial Equivalence	Not required	
Renewal & Return to Practice	Attest	N/A
Non-Practising	Not required	

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the definition of the continuing competence program requirement will be eligible for registration on the respective register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the definition of the continuing competence program requirement will have their application escalated for review by the Registrar.

2. BACKGROUND AND AUTHORITY

HPA	Section 40(1): Applying for practice permit
Regulation	N/A
Bylaws	N/A
Other	Continuing Competence Standards

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	August, 2025

RP 3.08 Good Character and Reputation

1. POLICY STATEMENT

1.1 Requirement Definition

1. The good character and reputation requirement for an application for registration on any register with the College is defined as: providing a response of "no" to all the following questions:
   a. Have you ever been under investigation, agreement, or the subject of any disciplinary action by a nursing or professional body other than the CRNA?
   b. Have you ever plead guilty or been found guilty of a criminal offence inside Canada or an offence of similar nature outside Canada?
   c. Have you ever held a license or registration with conditions or restrictions because of a complaint or disciplinary matter with a nursing or professional body other than the CRNA?
   d. Have you ever had any history of civil convictions against you related to your nursing practice?
2. In addition, applicants applying for registration under Section 3(1), 4(1), 7(1), 8, or 9(1) must:
   a. Complete a criminal record check.

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the good character and reputation requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Attest	N/A
	Submit	Verification of registration
	Complete	Online criminal record check
Equivalent Jurisdiction	Attest	N/A
	Submit	Verification of active registration
	Complete	Online criminal record check
Substantial Equivalence	Attest	N/A
	Submit	Verification of registration
	Complete	Online criminal record check
Renewal & Return to Practice	Attest	N/A
Non-Practising	Not required	

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the good character and reputation requirement will be eligible for registration on the applicable register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the good character and reputation requirement will have their application escalated for review by the Registrar if:
   a. Applicant responds "yes" to any of the questions.
   b. Applicant's verification of registration indicates that the applicant:
      i. Is undergoing an investigation or is subject to an unprofessional conduct process.
      ii. Has ever been disciplined.
      iii. Has had conditions imposed due to unprofessional conduct.
   c. Applicant's criminal record check indicated a history of criminal charge and/or conviction.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 29.1(1) Registrar consideration of applicant character, reputation Section 40(1): Applying of practice permit

Regulation	Section 21: Renewal requirements
Bylaws	N/A
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

RP 3.09 Fitness to Practise

1. POLICY STATEMENT

1.1 Requirement Definition

1. The fitness to practise requirement for an application for registration on any register with the College is defined as: providing a response of "no" to all the following questions:
   a. Do you have any physical or mental health condition or disorder that impairs your ability to provide safe nursing care?
   b. Do you have an addiction to or dependence to alcohol, drugs or other chemicals that impairs your ability to provide safe nursing care?

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the fitness to practise requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Attest	N/A
Equivalent Jurisdiction	Attest	N/A
Substantial Equivalence	Attest	N/A
Renewal & Return to Practice	Attest	N/A
Non-Practising	Not required	

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the fitness to practise requirement is eligible for registration on the applicable register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the good character and reputation requirement will have their application escalated for review by the Registrar if:
   a. Applicant responds "yes" to any of the questions.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 40(1): Applying for practice permit
Regulation	N/A
Bylaws	N/A
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. There are no exception to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

RP 3.10 Jurisprudence

1. POLICY STATEMENT

1.1 Requirement Definition

1. The jurisprudence requirement for an application for registration on any register with the College is defined as: successfully completing the following two requirements:
   a. eLearning course on jurisprudence; and
   b. eLearning course on protecting patients from sexual abuse and misconduct.

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the jurisprudence requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Complete	• Confirmation of jurisprudence course completion; and • Confirmation of protecting patients from sexual abuse and misconduct course completion.
Equivalent Jurisdiction	Complete	• Confirmation of jurisprudence course completion; and • Confirmation of protecting patients from sexual abuse and misconduct course completion.
Substantial Equivalence	Complete	• Confirmation of jurisprudence course completion; and • Confirmation of protecting patients from sexual abuse and misconduct course completion.
Renewal & Return to Practice	Not required	
Non-Practising	Not required	

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the jurisprudence requirement is eligible for registration on the applicable register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the jurisprudence requirement is not eligible for registration.

2. BACKGROUND AND AUTHORITY

HPA	N/A
Regulation	Section 3(1): Registered nurse register — new applicants Section 4(1): Nurse practitioner register — new applicants Section 7(1): Courtesy registration Section 8: Equivalent jurisdiction Section 9(1): Substantial equivalence
Bylaws	N/A
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. If an applicant identifies that completing the eLearning course on protecting patients from sexual abuse and misconduct may cause distress the Registrar will offer an alternate means to complete the requirement.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

RP 3.11 Professional Liability Protection

1. POLICY STATEMENT

1.1 Requirement Definition

1. The professional liability protection requirement for an application for registration on any register with the College is defined as: purchasing Core Services (which includes professional liability protection) with the Canadian Nurses Protective Society (CNPS).

1.2 Satisfying the Requirement

1. Applicants must provide the following evidence to meet the professional liability insurance requirement:

Application Type	Evidence Type	Accepted Evidence
Initial Registration	Submit	CNPS confirmation
Equivalent Jurisdiction	Submit	CNPS confirmation
Substantial Equivalence	Submit	CNPS confirmation
Renewal & Return to Practice	Submit	CNPS confirmation
Non-Practising	Not required	

1.3 Outcome – Requirement Met

1. An applicant who provides evidence to meet the professional liability insurance requirement is eligible for registration on the respective register.

1.4 Outcome – Requirement Not Met

1. An applicant whose evidence does not meet the professional liability insurance requirement is not eligible for registration.

2. BACKGROUND AND AUTHORITY

HPA	Section 28(1): Application for registration Section 40(1): Applying for practice permit
Regulation	N/A
Bylaws	4.13: Professional Liability Protection
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all applicants who submit an application for registration, renewal, return-to-practice or reinstatement.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

4. Case Management

RP 4.01 Permit Application Cases

1. POLICY STATEMENT

1.1 Permit Application Cases Purpose

1. The purpose of the application case process is to determine if an applicant meets requirements for registered nursing licensure in Alberta.
2. Application cases will be created for any application when:
   a. An applicant attests to not meeting one or more registration requirements or
   b. The College becomes aware that an applicant may not meet one or more registration requirements.

1.2 Application Cases Approach

1. This policy defines the expected Right-touch relational regulation approaches to be used when managing cases.
   a. The application cases process will be simple and easy to understand.
   b. Individuals requiring support regarding how to meet registration requirements will receive support from the CRNA.
   c. Cases will be assessed centrally based on the risk they pose to the public in providing safe, competent, and ethical care.
   d. Cases will be assigned by case category and use consistent parameters while recognizing the discretionary nature of decision makers.
   e. Case process and decisions will be transparent and fair, ensuring protection of the public and equitable treatment of applicants, registrants, and former registrants.
   f. Cases processed because of self-disclosure under the authority of HPA s28 and 40(2) will be managed with supportive and proportionate regulatory force.
   g. Information will be collected, used, and maintained as an occurrence In the College's case management application following the IM1-Protection of Privacy and Confidentiality and IM2 – Records Management policies.
   h. Applicants involved in an ongoing application cases will receive monthly communication on the CRNA at a minimum.

1.3 Application Case Validation

1. All application cases received are validated to ensure they are within the mandate of the CRNA. A complete application as defined by the *Health Professions Act* is required for validation (HPA 28(1)).

1.4 Case Assessment

1. All cases are assessed upon receipt of a complete application, including the following mandatory steps:
   a. Provide notification to the applicant that their application has been received and whether it is complete
   b. Assign a case category in alignment with this policy
   c. Notify the applicant of the decision as soon as reasonably possible

1.6 Regulatory Response

1. Application cases will result in one of three regulatory responses:
   a. Registrar (or delegate) decision
      i. Used for cases where the Registrar (or delegate) has the legislative authority to decide on the case.
      ii. Generally, the outcome of this regulatory response is a quick decision and closure of the case.
   b. Registrar (or delegate) decision under delegated authority of the Registration Committee
      i. Used for cases where the Registrar (or delegate) has been delegated the legislative authority to decide on the case by the Registration Committee.
      ii. Generally, the outcome of this regulatory response is a quick decision and closure of the case.

c. Registration Committee decision
   i. Used for cases where the Registrar (or delegate) has referred the decision to the Registration Committee due to higher complexity and risk to public safety.
   ii. Generally, the outcome of this regulatory response takes more time and requires enhanced gathering of evidence and documentation from the applicant.

1.5 Case Categorization

1. All application cases will be categorized by registration requirements as follows:
   a. Registration exam
   b. Post-secondary education
   a. Currency of practise
   b. English language proficiency
   c. Competence in practice of the profession
   d. Good character and reputation
   e. Fitness to practise

1.6 Case Outcome

1. All application cases will have one of the following outcomes:
   a. Approve the application (with or without conditions)
   b. Defer the application
   c. Refuse the application

1.7 Case Closure

1. A case is considered closed when the CRNA has rendered a decision and communicated this decision with the applicant.

1.8 Applying Conditions

1. Conditions applied at the completion of the application cases process are done so in accordance with policy RP 4.06 applying and removing conditions.

1.9 Decision Appeal

1. An application case with an outcome of approved with conditions, deferred or refused is subject to a request for review and the information on how to make an appeal is included in the written decision for the applicant.

2. BACKGROUND AND AUTHORITY

HPA	Section 3: College's role Section 8: Registrar Section 28: Applying for registration Section 29.1: Registrar consideration of applicant character, reputation Section 30: Decision on application Section 31: Review application Section 35: Register error Section 38: Practice permit renewal Section 40: Applying for practice permit Section 40.1: Conditions on a practice permit Section 41: Review by council Section 45(1): Reinstatement Section 119(1): Access to regulated members' information
Regulation	Section 3: Registered nurse register Section 4: Nurse Practitioner register Section 5: Certified graduate nurse register Section 6: Provisional registration Section 7: Courtesy register Section 8: Equivalent jurisdiction Section 9: Substantial equivalence Section 10: Registration exam

	Section 10.1: Currency of practice
Bylaws/Governance Policies	Bylaw 3: Committees Bylaw 4: College Register Bylaw 6: Administration GP11: Registration Committee GP12: Registration Review Committee
Other	Regulatory Policy Manual – RP 4 – Delegation IM1 – Protection of Privacy and Confidentiality Policy IM2 – Records management policy

3. SCOPE AND APPLICABILITY

1. This policy applies to all applications for registered nurse and nurse practitioner licensure in Alberta.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 1, 2025
Review Schedule	Annually
Revised	March, 2025

RP 4.02 Practice Guidance Cases

1. POLICY STATEMENT

1.1 Practice Guidance Cases Purpose

1. The purpose of the practice guidance case process is to provide direction to the profession regarding:
   a. the code of ethics and standards of practice and expectations of registrants
   b. the scope of practice within the regulated profession
   c. registration and continuing competence requirements

1.2 Practice Guidance Cases Approach

1. This policy defines the expected Right-touch relational regulation approaches to be used when managing practice guidance cases.
   a. The practice guidance cases process will be simple and easy to understand.
   b. Individuals requiring practice guidance will receive support from the CRNA's team of subject matter experts.
   c. Cases will be assessed centrally based on the risk they pose to the public in providing safe, competent, and ethical care.
   d. Cases will be assigned by case category and use consistent parameters while recognizing the discretionary nature of subject matter experts.
   e. Case process and guidance will be transparent and fair, ensuring protection of the public and equitable treatment of registrants and members of the public.
   f. Practice guidance cases are limited to the interpretation and application of practice standards and code of ethics for generic guidance, not for directive purposes.
   g. Individuals requesting practice guidance will receive communication from the College within 5 business days.
   h. Information will be collected, used and maintained as an occurrence in the College's case management application following the IM1-Protection of Privacy and Confidentiality and IM2 – Records Management policies.

1.3 Practice Guidance Case Validation

1. All practice guidance cases are validated to ensure they are within the mandate of the CRNA.

1.4 Case Assessment

1. All cases are assessed upon receipt, including the following mandatory steps:
   a. Provide notification to the requestor that their request has been received
   b. Assign a case category in alignment with this policy

1.5 Case Categorization

1. All application cases will be categorized by registration requirements as follows:
   a. Standards of practice
   b. Code of ethics
   c. Continuing competence requirements
   d. Registration requirements and policies

1.6 Case Outcome

1. All practice guidance cases will have the following outcomes:
   a. Initial response email sent to the requestor which includes guidance and resources related to the request
   b. Opportunity to book a meeting with the CRNA subject matter experts
   c. Verbal or written conclusion to ensure that the request for practice guidance has been resolved

1.7 Case Closure

1. A case is considered closed when the CRNA has met the case outcomes as stated above.

2. BACKGROUND AND AUTHORITY

HPA	Section 3: College's role Section 8: Registrar Section 28: Applying for registration Section 29.1: Registrar consideration of applicant character, reputation Section 38: Practice permit renewal Section 40: Applying for practice permit Section 119(1): Access to regulated members' information
Regulation	Section3: Registered nurse register Section 4: Nurse Practitioner register Section 5: Certified graduate nurse register Section 6: Provisional registration Section 7: Courtesy register Section 8: Equivalent jurisdiction Section 9: Substantial equivalence Section 10: Registration exam Section 10.1: Currency of practice
Bylaws/Governance Policies	Bylaw 2.2: Code of Ethics and Standards of Practice Bylaw 4: College Register
Other	Continuing Competence Standards Entry Level Competencies for Nurse Practitioners Entry Level Competencies for the practice of Registered Nurses Restricted Activities Standards Scope of Practice for Registered Nurses Scope of Practice for Nurse Practitioners IM1 – Protection of Privacy and Confidentiality Policy IM2 – Records management policy

3. SCOPE AND APPLICABILITY

1. This policy applies to all requests for direction to the profession.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 1, 2025
Review Schedule	Annually
Revised	March, 2025

RP 4.03 Complaint Management Cases

1. POLICY STATEMENT

1.1 Complaint Management Purpose

1. The purpose of our complaint process is to provide a feedback loop for all Albertans regarding the provision of professional nursing services by all individuals on the register.
2. Complaints may be submitted by any person who believes the behavior or professional nursing services provided does not meet the standards of practice, or applicable legislation.

1.2 Complaint Management Approach

1. This policy defines the expected Right-touch relational regulation approaches to be used when managing cases.
    a. The complaint submission process will be simple and easy to understand.
    b. Individuals requiring support regarding how to submit a complaint will receive support from the CRNA.
    c. Cases will be assessed centrally based on the risk they posed to the public in providing safe, competent, and ethical care.
    d. Cases will be assigned by case category and use consistent parameters while recognizing the discretionary nature of decision makers.
    e. Case process and decisions will be transparent and fair, ensuring protection of the public and equitable treatment of applicants, registrants, and former registrants.
    f. Cases processed because of self-disclosure under the authority of HPA s28, 40(2), 70, and 118 will be managed with supportive and proportionate regulatory force.
    g. Information will be collected, used, and maintained as an occurrence In the College's case management application following the IM1-Protection of Privacy and Confidentiality and IM2 – Records Management policies.
    h. Registrants involved in an ongoing complaint will receive monthly communication on the CRNA at a minimum.

1.3 Complaint Validation

1. All complaints received are validated to ensure they are within the mandate of the CRNA. The elements required for a valid complaint are:
    a. The registrant alleged of wrongdoing is a registered nurse (RN) or nurse practitioner (NP) on the CRNA register.
    b. The registrant status has been active within the past two years.
    c. The complaint is received in writing and the complainant is identified by name. Anonymous complaints are not considered valid.
    d. The complaint is signed by the complainant.

1.4 Case Assessment

1. All cases are assessed upon receipt, including the following mandatory steps.
    a. Provide notification to the registrant that complaint has been received
    b. provide notification to the complainant that we have received their complaint
    c. conduct an initial investigation
    d. assign case category in alignment with this policy.

1.5 Case Categorization

1. All cases will be categorized into one of the following case categories (see appendix RP 4.03A):
    a. Character
        i. Cases in this category will address allegations regarding registrant demeanor, behaviour and intentional actions.
    b. Capacity
        i. Cases in this category will address allegations regarding registrant fitness to practise as defined in the College's Standards of practice.

c. Competence
    i. Cases in this category will address allegations of registrant competence that may require remediation.

1.6 Regulatory Response

1. The complaints director will direct the case to one of three regulatory responses:
    a. Immediate resolution
        i. Used for cases where the complaints director determines further regulatory intervention is not warranted.
        ii. Cases may be resolved quickly through a process of conversation and collaboration with our ecosystem partners.
        iii. Outcome of this regulatory response is a quick resolution and closure of the case.
    b. Early alternate resolution
        i. Used to gain alignment between parties through arbitration and negotiation.
        ii. Used only when the complainant authorizes.
        iii. Outcome of this regulatory response is a signed complaint resolution agreement.
    c. Complex Investigation
        i. Used to gather compile further evidence when immediate resolution is not possible, where initial investigation warranted further investigation, or where legislated.
        ii. Outcome of this regulatory response is a post investigation report provided to the Complaints Director.

1.7 Case Outcome

1. The following outcomes may occur at the completion of the complaint management process;
    a. Withdrawn:
        i. This decision is made by the complainant, when the complainant chooses to withdraw the complaint at any time in the process.
    b. Dismissed:
        i. This decision is made by the Complaints Director, when they have sufficient evidence to dismiss a complaint.
    c. Conversation:
        i. This decision is made by the Complaints Director when they opt for immediate resolution through a process of conversation with the registrant.
        ii. No conditions are added to the registrants permit during this process.
    d. Handled at the workplace:
        i. This decision is made by the Complaints Director when it is determined the intervention by the employer is sufficient and no further regulatory intervention is necessary.
        ii. No conditions are added to the registrants permit during this process.
    e. Non disciplinary complaint resolution agreement (NDCRA):
        i. This decision is made jointly as a signed agreement between the registrant and the CRNA that acknowledges the complaint.
        ii. NDCRA's are only used for cases in the competence category.
        iii. Conditions may be added to the registrants permit during this process.
    f. Disciplinary complaint resolution agreement (DCRA):
        i. This decision is made jointly as a signed agreement between the registrant and the CRNA that acknowledges the accuracy of the complaint and warrants regulatory discipline.
        ii. DCRA's are used for all case types.
        iii. Conditions will be added to the registrants permit and available publicly during this process.
    g. Escalated to hearing tribunal:
        i. This decision is made by the Complaints Director when they elect, or are directed by legislation, to send a case to a hearing tribunal for decision.
        ii. Hearing tribunals are handled in accordance with the CRNA Governance Policy GP14.

1.8 Case Closure

1. A case is considered closed when the CRNA has rendered a decision and communicated this decision with the parties involved.

1.9 Applying Conditions

1. Conditions applied at the completion of the complaint management process are done so in accordance with policy RP 4.06 applying and removing conditions.

1.10 Decision Appeal

1. Dismissals:
   a. If a complaint results in a dismissal by the Complaints Director, the decision may be appealed by the complainant.
   b. Requests for review of a dismissal by the Complaints Director are handled by the Complaint Review Committee (CRC), in accordance with the CRNA Governance Policy GP 13.
2. Hearing Tribunal Decisions:
   a. Decisions made by the hearing tribunal may be appealed by either the Complaints Director or the registrant.
   b. Appeals of decisions made by the hearing tribunal are handled by the appeals committee, in accordance with the CRNA Governance Policy GP 15.

2. BACKGROUND AND AUTHORITY

HPA	Section 3: College's role Section 14(3): Complaints director Section 51.1 Referral to complaints director Section 55 (2) (a.1): Acting on a complaint Section 56: Aware of unprofessional conduct Section 57: Termination by employer Division 3: Investigations Section 118: Assessing Incapacity Section 119(1): Access to regulated members' information Section 127.2: Reporting of regulated members
Regulation	N/A
Bylaws/Governance Policy	Bylaw 3: Committees Bylaw 6: Administration GP13: Complaint Review Committee GP14: Hearting Tribunal GP15: Appeals Committee
Other	Regulatory Policy Manual – RP 4 – Delegation IM1 – Protection of Privacy and Confidentiality Policy IM2 – Records management policy

3. SCOPE AND APPLICABILITY

1. This policy applies to all written and signed complaints received by the CRNA.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 1, 2025
Review Schedule	Annually
Revised	March, 2025

RP 4.03A Case Categories

Case Type	Category	Subcategory
1. Character **Registrant Assessment:** Demeanour, behaviour and intent **Threshold Measurement:** Registrant behaviour and decisions that negatively impact good character, reputation & integrity of the profession.	**Sexual Abuse/ Misconduct**	**1.1** Sexual Abuse - Patient **1.2** Sexual Abuse - Public **1.3** Sexual Abuse - Coworker **1.4** Sexual Misconduct - Patient **1.5** Sexual Misconduct - Public **1.6** Sexual Misconduct - Coworker
	Co-worker Abuse/ Harassment	**1.7** Co-worker Abuse/Harassment
	Patient Abuse	**1.8** Patient Abuse **1.9** Contravention of Criminal Code
	Boundary	**1.10** Professional Boundaries
	Theft	**1.11** Workplace Theft & Fraud (stealing, concealing, drug diversion) **1.12** Misrepresentation (unlicensed activity, impersonation, use of title, advertising)
Regulatory Response: Character ▪ If validated with evidence, the regulatory response to this case type is appropriate disciplinary sanctions.		
2. Capacity **Registrant Assessment:** Impairment and/or incapacity **Threshold Measurement:** Registrant fitness to practise limitations affected by mental health and/or addictions.	**Fitness to Practise**	**2.1** Fitness to Practise
	Substance Misuse	**2.2** Substance Misuse
Regulatory Response: Capacity ▪ If validated with evidence, the regulatory response to this case type will include interim agreements (to restrict or remove practice) and focus on rehabilitation plans. ▪ At times, cases in this category may also result in the discovery of evidence in another case category. If this occurs, both case types will be validated.		
3. Competence **Registrant Assessment:** Knowledge, skills and abilities **Threshold Measurement:** Registrant alignment with the Standards of Practice expectations during the provision of professional services.	**Skills/Practice/ Knowledge**	**3.1** Skills/Practice/Knowledge
	Privacy	**3.2** Information & Privacy **3.3** Nurse Practitioner Scope of Practice
	Attendance/ Employer Matters	**3.4** Attendance/Employer Matters
	Other	**3.5** Other
Regulatory Response: Competence ▪ If validated with evidence, the regulatory response to this case type will focus on education, addressing knowledge gaps and learning. Outcomes will vary based on the attributes of the case.		

RP 4.04 Disciplinary Publication

1. POLICY STATEMENT

1.1 Disciplinary Publication Purpose

1. The CRNA has an obligation under the *Health Professions Act, Bill 21, and* the *College Bylaws* to make public:
   a. conditions imposed on a Registrant's practice permit;
   b. access to disciplinary decisions from the Hearing Tribunal;
   c. information arising from a disciplinary complaint resolution agreement ("DCRA"); and
2. Based on risk of harm to the public and at the discretion of the registrar, the CRNA may publicly disclose additional information.

Publication type	Publication Details	Length of time published	Includes
Notices to attend hearing tribunal	• Published prior to scheduled hearing tribunal • Removed once hearing tribunal issues decision	• Dependant on the date of the hearing tribunal	• Name of registrant • Date and time of hearing tribunal • Complaint details
Hearing tribunal decisions	• Findings of unprofessional conduct	• 3 years from the date of the decision	• Name of registrant • Decision details
Disciplinary complaint resolution agreements	• Findings of unprofessional conduct	• 3 years from the date of signing of the agreement, including amended agreements	• Name of registrant • Decision details
Non-disciplinary complaint resolution agreements	• Not published	• N/A	• N/A
Findings of sexual abuse/misconduct	• Findings of unprofessional conduct	• Permanently	• Name of registrant • Decision details

2. BACKGROUND AND AUTHORITY

HPA	Section 3: College's role Section 14(3): Complaints director Section 51.1 Referral to complaints director Section 55 (2) (a.1): Acting on a complaint Section 56: Aware of unprofessional conduct Section 57: Termination by employer Division 3: Investigations Section 118: Assessing Incapacity Section 119(1): Access to regulated members' information Section 127.2: Reporting of regulated members
Regulation	N/A
Bylaws/Governance Policy	Bylaw 3: Committees Bylaw 4: College Register Bylaw 5: Communication to the Public Bylaw 6: Administration GP13: Complaint Review Committee GP14: Hearting Tribunal GP15: Appeals Committee
Other	Regulatory Policy Manual – RP 5: Delegation IM1: Protection of Privacy and Confidentiality Policy IM2: Records Management Policy

3. SCOPE AND APPLICABILITY

1. This policy applies to disciplinary by a hearing tribunal, or decisions made under the authority of the Complaints Director or the Registrar.

4. EXCEPTIONS

1. The Registrar may opt to redact information in situations permitted under s. 135.93 of the HPA.

5. AMENDMENTS (REVISION HISTORY)

Implemented	November 1, 2025
Review Schedule	Annually
Revised	November, 2025

RP 4.05 Quality Assurance

1. POLICY STATEMENT

1.1 Quality Assurance Purpose

1. The purpose of quality assurance review is to:
   a. Confirm accuracy of attestations
   b. Inform process changes and risk tolerance within the CRNA
   c. Inform recommendations regarding possible policy changes
   d. Identify false, misleading, or inaccurate attestations that require further review

1.2 Quality Assurance Approach

1. The CRNA's information collection processes embrace Right-touch relational regulation principles, allowing attestation as a form of information submission.
   a. Any information that an applicant or registrant confirms via attestation to the CRNA is subject to review.
   b. The quality assurance review process will be simple and easy to understand.
   c. The quality assurance review process is intended to be informative and supportive.
   d. Any applicant or registrant that is selected for quality assurance review will receive guidance from the CRNA's team of subject matter experts including one to one support, clear information regarding any documentation required and ongoing access to practice guidance throughout the practice year.
   e. Quality assurance review findings that identify false, misleading, or inaccurate attestation may be escalated to the Registrar.

2. BACKGROUND AND AUTHORITY

HPA	Section 8: Registrar Section 9(4): Registration committee Section 10(6): Competence committee Section 28: Applying for registration Section 29.1: Registrar consideration of applicant character, reputation Section 30: Decisions on application Section 31: Review of an application Section 40: Applying for practice permit
Regulation	N/A
Bylaws	N/A
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to:
   a. All permit applications, including applications for initial registration, renewal, return-to-practice, and reinstatement where an applicant/registrant attested to registration requirements.
   b. Any CRNA process whereby an applicant/registrant is required to attest to the accuracy of their submission.

4. EXCEPTIONS

1. Attestations that have already been reviewed previously are exempt from further review.

5. AMENDMENTS (REVISION HISTORY)

Implemented	July 2025
Review Schedule	Annually
Revised	March, 2025

RP 4.06 Applying and Removing Conditions

1. POLICY STATEMENT

1.1 Right-Touch Relational Regulation Approach

1. This purpose of this policy is to provide employees who exercise statutory authority, as defined in the *Health Professions Act* (HPA), with guidelines for applying or removing conditions on a practice permit.
2. The College's applying and removing conditions policy ensures the protection of the public and fair, transparent, and equitable treatment of applicants, registrants and former registrants for the application and removal of conditions.
3. Restriction, remediation and/or recovery must reflect right touch relational principles while addressing risk to public safety.
4. The conditions (as per appendix RP 4.06A) are pre-approved CRNA conditions.
5. In exceptional circumstances, conditions not listed in appendix RP 4.06A may be applied under the authority of either the Registrar or the Complaints Director.

1.2 Applying Conditions

1. Conditions may be imposed on a practice permit under legislated authority if the authority determines that it is in the best interest of the public (see appendix RP 4.06A)
2. Conditions safeguard the public by augmenting existing regulatory requirements, are applied in one of three categories:
   a. **Remediation:** adding an additional activity, education, or requirements on an individual.
   b. **Restriction:** limiting a registrant's scope of practice, practice setting, or supervision requirements.
   c. **Recovery:** requires a registrant to attend or participate in health and/or wellness sessions. This may include imposing a fine on their profile.
3. Multiple conditions may be imposed at one time and may cover more than one category.
4. Notification of conditions being imposed on a practice permit will be sent in compliance with Section 119(1) of the HPA.

1.3 Removing Conditions

1. Conditions may be removed from a practice upon successful completion of the defined condition and submission of satisfactory evidence to the College in accordance with Appendix 1.06A.
2. Notification of conditions being removed from a practice permit will be sent in compliance with Section 119(1) of the HPA.

2. BACKGROUND AND AUTHORITY

HPA	Section 8: Registrar Section 14(3): Complaints Director Section 28: Application for registration Section 29.1: Registrar consideration of applicant character, reputation Section 30: Decisions on application Section 31: Review of an application Section 40: Applying for practice permit Section 40.1: Conditions on a practice permit Section 43(1): Cancellation of practice permit Section 55 (2) (a.1): Acting on a complaint Section 65(1): Conditions, suspension during proceedings Section 118: Assessing Incapacity Section 119(1): Access to regulated members' information
Regulation	Section 6(2)(a): Provisional registration
Bylaws	4.3 Virtual Care 4.4 Emergency
Other	Regulatory Policy Manual – RP 1.06 Case Management Regulatory Policy Manual – RP 4 - Delegation

3. SCOPE AND APPLICABILITY

1. This policy applies to conditions applied under the authority of:

   a. the Registrar, and
   b. the Complaints Director, and
   c. the Council delegate for HPA s. 65 (interim conditions).
2. This policy applies to decisions:
   a. on applications, including applications for initial registration, renewal, return-to-practice, and reinstatement where a registration requirement is not met
   b. because of a complaint
   c. because of a finding of unprofessional conduct
   d. because of a declaration of a fitness to practise concern (from any source)
   e. because of a declaration of a good character concern (from any source)
   f. because of a finding of use of protected title or contravention of the Act
   g. because of a finding of competence to practice/standard of practice concern
   h. because of a finding or report of incapacity.

4. EXCEPTIONS

1. Any decision made by a College's regulatory committee.
2. When the College, another regulatory college or other authority, has already applied satisfactory conditions/restrictions.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 1, 2025
Review Schedule	Annually
Revised	March, 2025

RP 4.06A Approved Conditions List

Condition Name
Additional Cost/Fine Payment Required
Additional Registrant Documentation Required
Behavior Improvement Plan required
Behavior Improvement Plan required – Arising from Disciplinary Matter
Condition Imposed by Complaints Director - Contact CRNA
Condition Imposed by Registrar - Contact CRNA
Conditions applied under HPA Section 65
Confirmation of Practice Setting(s) required
Confirmation of Practice Setting(s) required - Arising from a Disciplinary Matter
Course work required
Course work required – Arising from Disciplinary Matter
Currency of Practice Submission Required
Direct Supervision Required
Employer Notification(s) required
Employer notification(s) required - Arising from Disciplinary Matter
Employer Reference(s) (direct supervision) required
Employer Reference(s) (direct supervision) required – Arising from a Disciplinary Matter
Employer Reference(s) (indirect remote supervision) required
Employer Reference(s) (indirect remote supervision) required – Arising from a Disciplinary Matter
Employer Reference(s) (indirect supervision) required
Employer Reference(s) (indirect supervision) required – Arising from a Disciplinary Matter
Employer Reference(s) (practice report) required
Employer Reference(s) (Practice Report) required – Arising from Disciplinary Matter
Essay Required
Essay Required – Arising from a Disciplinary Matter
Exam Completion Required
Indirect Remote Supervision Required
Indirect Supervision Required
Interim restriction re practice setting – arising from Interim Agreement
Interim verification letter(s) from employer(s) required – arising from Interim Agreement
Letter from employer(s) required
Letter from employer(s) required – Arising from Disciplinary Matter
Letter from employer(s) required – Arising from Interim Agreement
Letter from Physician(s) required

Condition Name
Letter from physician(s) required – Arising from Disciplinary Matter
Medical Clearance Required
Medical clearance required – Arising from Disciplinary Matter
Medical clearance required – Arising from Interim Agreement
Medication Administration/Prescribing Prohibited
Not entitled to practice - arising from Interim Agreement
Permanent & Irrevocable Undertaking not to practice as a NP – Arising from a Disciplinary Matter
Permanent & Irrevocable Undertaking not to practice as a Nurse Practitioner
Permanent & Irrevocable Undertaking not to practice as a Registered Nurse
Permanent & Irrevocable Undertaking not to practice as a RN – Arising from a Disciplinary Matter
Permanent May Not Practice
Practice Remediation Consultation required - Arising from a Disciplinary Matter
Practice Setting Limited - CRNA Approval Required
Remedial Course Work Required
Restriction re Practice Setting
Restriction re Practice Setting – Arising from Disciplinary Matter
Satisfactory Employer Reference Required
Shall pay costs
Shall pay costs – Arising from Disciplinary Matter
Shall pay fine
Shall pay fine - arising from disciplinary matter
Suspended
Suspended – Arising from Disciplinary Matter
Suspended – Arising from Non-Compliance with Disciplinary Sanction
Suspensions applied under HPA Section 65
Temporary May Not Practice/Suspension
Undertaking not to practice
Undertaking not to practice – Arising from Disciplinary Matter
Voluntary agreement not to practice – arising from Interim Agreement

RP 4.07 Compliance Monitoring

1. POLICY STATEMENT

1.1 Compliance Monitoring Purpose

1. The purpose of our monitoring compliance is to ensure all conditions applied to a registrant's profile are appropriately addressed.
2. Conditions are applied to a profile for the purposes of restriction, remediation or recovery.
3. Conditions are applied purposefully and considerably, and therefore adherence to conditions is mandatory.
4. Compliance monitoring recognizes that most individuals adhere to applied conditions and are fully compliant with any additional requirements applied to their permit.
5. All individuals will receive instructions on how to submit a deadline extension as part of the notification that conditions have been applied.

1.2 Conditions Deadlines

1. All conditions applied to a registrant's permit will identify the deadline.
2. Conditions will automatically carry over to the next permit year if the applied deadline has not been reached, unless deemed unnecessary by the imposing authority.
3. Conditions will be applied with one of three deadline categories:
   a. **Task Completion deadline**: applicable when a condition is applied with an identified task(s) to be completed. Once all assigned tasks are completed, the condition is removed from the permit upon receipt of appropriate evidence.
   b. **Hours Completed deadline**: applicable when a condition is applied that requires a defined number of hours of a defined condition to be completed. Hours completed deadline will also have a completion deadline applied, meaning the hours must be completed within a defined calendar timeline. Once the defined hours have been met, the condition is removed from the permit upon receipt of appropriate evidence.
   c. **Prior to commencing or recommencing employment deadline:** applicable when a condition is applied that must be completed prior to accepting and commencing employment.

1.3 Deadline Extensions

1. Individuals are eligible to request a deadline extension without cause one time only for a maximum of 30 days.
2. Individuals that require greater than 30 days due to a specific scenario are required to provide evidence to support the longer extension.
3. All requests for deadline extensions must be received prior to the deadline,
4. The CRNA will notify individuals that deadlines are approaching and will deem all individuals non-compliant with their deadline if a request for extension is not received.

1.4 Conditions Deadline Missed

1. Individuals that have not submitted appropriate evidence by the deadline (either the initial deadline or an extended deadline if applicable) will be deemed to be non-compliant with the requirement.
2. Individuals deemed non-compliant with conditions will receive further instructions from the CRNA and may receive additional conditions applied to their permit.
3. If additional conditions are applied, they will be from the list of approved conditions contained in policy RP 4.06 applying and removing conditions.
4. In the event an individual is non-compliant with an applied condition and non-responsive to communication from the CRNA, further action may be taken pursuant to s.43 or s.56 of the HPA.

2. BACKGROUND AND AUTHORITY

HPA	Section 30: Decision on application Section 40.1 Conditions on a practice permit Section 65: Conditions, suspension during proceedings Section 82: Orders of Tribunal
Regulation	N/A

Bylaws	Bylaw 3: Committees Bylaw 6: Administration
Other	Regulatory Policy Manual – RP 4 – Delegation IM1 – Protection of Privacy and Confidentiality Policy IM2 – Records management policy

3. SCOPE AND APPLICABILITY

1. This policy applies to the individuals that have a condition applied to their permit by the CRNA.

4. EXCEPTIONS

1. Any exception to this policy must be approved by the Registrar.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 1, 2025
Review Schedule	Annually
Revise	March, 2025

RP 4.08 Authorization: RN Prescribing and Ordering Diagnostic Tests

1. POLICY STATEMENT

1.1 Eligibility

1. Per the *Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60) and in accordance with the *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (Standards) an RN who has an "active" registration status on the registered nurse register may apply to the Registrar for authorization to prescribe Schedule 1 drugs (except controlled drugs and substances within the meaning of Part 4 of the *Pharmacy and Drug Act)* and to order diagnostic tests in a specific clinical practice area.

1.2 Application for Authorization

1. An application for authorization must be submitted to the Registrar, according to the procedures published on the College's website, and provide evidence of the following:
   a. Successful completion of an approved education program for RN prescribing and ordering diagnostic tests.
   b. 3,000 hours of RN clinical practice, 750 hours of which are in the specific clinical practice area where the RN is applying for the authorization.
   c. Employer reference satisfactory to the Registrar.
   d. Employer policies in place that allow RN prescribing and ordering diagnostic tests.
   e. Clinical support tools developed by the inter-professional team that are in place for the specific practice setting and are specific for each prescription drug.
   f. Collaborative practice relationship with a registrant and regulated health professional who is authorized to prescribe Schedule 1 drugs.

1.3 Decisions

1. Once authorized, the practice permit of the registrant authorized to prescribe and order diagnostic tests will be updated to reflect the specific authorization on the College public website.

2. BACKGROUND AND AUTHORITY

HPA	Part 0.1: Health Services Restricted Activities
Regulation	N/A
Bylaws	N/A
Other	*Health Professions Restricted Activity Regulation* (Sections 1, 2 and 60) *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards*

3. SCOPE AND APPLICABILITY

1. This policy applies to any RN actively registered and in good standing on the RN register.

4. EXCEPTIONS

1. An RN is not required to apply for authorization to prescribe Schedule 1 drugs when prescribing epinephrine for anaphylaxis in accordance with the Standards.

5. AMENDMENTS (REVISION HISTORY)

Implemented	April 1, 2023
Review Schedule	Annually
Revised	March, 2025

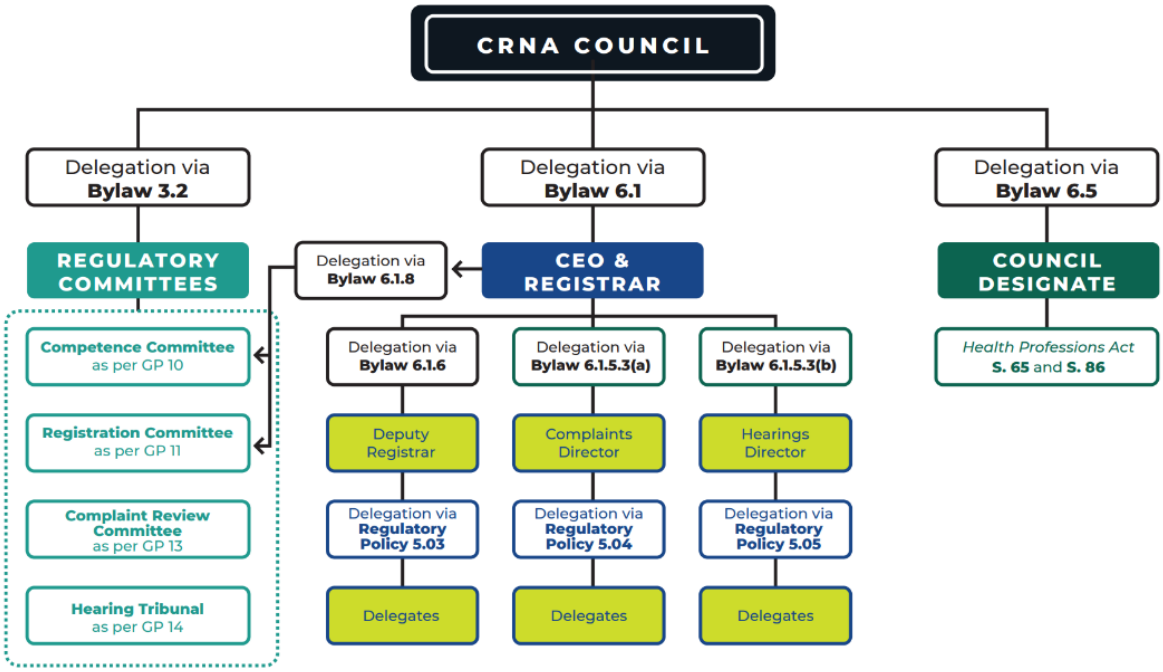
5. Delegation

RP 5.01 Delegation of Authority Matrix

1. POLICY STATEMENT

1. This policy outlines the delegation of accountabilities between Council, Regulatory Committees, Registrar, Complaints Director and Hearings Director.

1.1 Accountability Matrix



2. BACKGROUND AND AUTHORITY

HPA	Section 20(1): Delegation
Regulation	N/A
Bylaws	3.2 Committees 6.1 Chief Executive Officer & Registrar 6.5 Council Designations
Other	Governance Policy GP 10 Governance Policy GP 11 Governance Policy GP 12 Governance Policy GP 13 Governance Policy GP 14 Council Motion 18, September 2005 Meeting

3. SCOPE AND APPLICABILITY

1. This policy applies to all accountabilities defined in legislation.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 8, 2024

Review Schedule	Annually
Revised	March, 2025

RP 5.02 Delegation of Council Accountabilities

1. POLICY STATEMENT

1. This policy outlines the delegation from Council to an individual to carry out the duties of Section 65 and Section 86 in the HPA.
2. The individual designated by Council is the Executive Director, Governance, Elisha Vadnais.

2. BACKGROUND AND AUTHORITY

HPA	Section 20(1): Delegation
Regulation	N/A
Bylaws	6.5 Council Designations
Other	Governance Policy GP 24

3. SCOPE AND APPLICABILITY

1. This policy applies to Council's accountabilities to Section 65 and Section 86 of the HPA only.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	March, 2024
Review Schedule	Annually
Revised	March, 2025

RP 5.03 Delegation of Registrar Accountabilities

1. POLICY STATEMENT

1. This policy outlines the delegation of all Registrar accountabilities defined in legislation.
   a. The Registrar delegates all powers of the Registrar to the Deputy Registrar.
   b. The Deputy Registrar role will be a defined position on the CRNA organizational chart.
   c. The powers may be further delegated by the Deputy Registrar as needed to the Senior Manager, Registration and Case Management.
   d. In times where all delegates are absent or unavailable, the CEO & Registrar may delegate accountabilities on a case-by-case basis.

2. BACKGROUND AND AUTHORITY

HPA	Section 20(1): Delegation
Regulation	N/A
Bylaws	6.1.5 Chief Executive Officer & Registrar
Other	N/A

3. SCOPE AND APPLICABILITY

1. This policy applies to all Registrar accountabilities defined in legislation.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	January 8, 2024
Review Schedule	Annually
Revised	July, 2026

RP 5.04 Delegation of Complaints Director Accountabilities

1. POLICY STATEMENT

1. This policy outlines the delegation of all Complaints Director accountabilities defined in legislation.
   a. The Complaints Director is appointed by the CEO and Registrar and fulfills the Complaints Director accountabilities defined in legislation.
   b. The Complaints Director role will be a defined position on the CRNA organizational chart.
   c. The powers may be further delegated during times of absence or unavailability to the Associate Complaints Director.
   d. In times where all delegates are absent or unavailable, the CEO & Registrar may appoint a Complaints Director on a case-by-case basis.

2. BACKGROUND AND AUTHORITY

HPA	Section 20(1): Delegation
Regulation	N/A
Bylaws	6.3 Complaints Director
Other	Provincial Council Meeting, September 23, 2005, Motion 18.

3. SCOPE AND APPLICABILITY

1. This policy applies to all Complaints Director accountabilities defined in legislation.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	February 1, 2024
Review Schedule	Annually
Revised	July, 2026

RP 5.05 Delegation of Hearings Director Accountabilities

1. POLICY STATEMENT

1. This policy outlines the delegation of all Hearing Director accountabilities defined in legislation.
   a. The Hearings Director is appointed by the CEO and Registrar and fulfills the Hearings Director accountabilities defined in legislation.
   b. The Hearings Director role will be a defined position on the CRNA organizational chart.
   c. The powers may be further delegated by the Hearings Director during times of absence or unavailability on a case-by-case basis.
   d. In times where all delegates are absent or unavailable, the CEO & Registrar may appoint a Hearings Director on a case-by-case basis.

2. BACKGROUND AND AUTHORITY

HPA	Section 20(1): Delegation
Regulation	N/A
Bylaws	6.4 Hearings Director
Other	Provincial Council Meeting, September 23, 2005, Motion 18.

3. SCOPE AND APPLICABILITY

1. This policy applies to all Hearings Director accountabilities defined in legislation.

4. EXCEPTIONS

1. There are no exceptions to this policy.

5. AMENDMENTS (REVISION HISTORY)

Implemented	February 1, 2024
Review Schedule	Annually
Revised	July, 2026

Glossary

Key Abbreviations

College/CRNA	College of Registered Nurses of Alberta
HPA	Health Professions Act
Regulation	Registered Nurses Profession Regulation
RN	Registered Nurse
NP	Nurse Practitioner
CGN	Certified Graduate Nurse
GN	Graduate Nurse
GNP	Graduate Nurse Practitioner