

Registration in the Emergency Assignment Class



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Thank you for your interest in the College of Nurses of Ontario's (CNO) Emergency Assignment Class. The Emergency Assignment Class comes into force when the provincial government declares an emergency and asks CNO to issue Emergency Assignment certificates of registration to qualified nurses.

This class allows CNO to quickly and temporarily register individuals who meet specific criteria, and was created for the sole purpose of allowing individuals to assist in an emergency situation. Eligible applicants can practice nursing in Ontario for up to 60 days. An extension is possible if the emergency situation continues beyond the 60 day period.

Are you eligible to apply?

Currently, the Emergency Assignment class is an option for Registered Nurses (RNs) and Registered Practical Nurses (RPNs) who:

- are registered in any Canadian or American jurisdiction outside of Ontario;
- are in good standing; and,
- have completed their nursing education program or worked as a nurse within the past three years.

There is no fee to register in this class.

To ensure that you meet the registration requirements for the Emergency Assignment class, CNO will be verifying:

- your registration in another jurisdiction; and / or,
- your employment as a nurse.

IMPORTANT NOTE: The Emergency Assignment class is not open to previous members of CNO.

If you are a former member of CNO and you have recent practice experience within the last 3 years, please consider pursuing [reinstatement](#). Reinstatement is the process by which former members of CNO or current members of the non-practising class can return to practice by reinstating their membership in the General or Extended class.

Your Obligations

An Emergency Assignment membership expires after 60 days. If an emergency lasts longer than 60 days, then CNO may extend a member's registration for an additional 60 days. Each extension can last no longer than 60 days.

If you are registered in this class, you are obligated to identify yourself as a Emergency Assignment member when providing services, as shown below:

- for RNs: "Registered Nurse (Emergency Assignment)" or "RN (Emerg. Assign.)";
- for RPNs: "Registered Practical Nurse (Emergency Assignment)" or "RPN (Emerg. Assign.)".

If you are eligible for registration in the Emergency Assignment Class, you will need to obtain your Canadian police criminal record check

Why do I need a Canadian police criminal record check?

It helps to protect the public by allowing CNO to identify those individuals with criminal records that could affect their ability to practice safe and ethical nursing.

Note: CNO no longer accepts paper criminal record checks. All criminal record checks are processed through Sterling Talent Solutions' online portal. All you need to do is log in to Sterling Talent Solutions' online portal myBackCheck using the CNO application number that you receive after you submit this Emergency Class application form to CNO.

CNO will be assessing the information you provide to determine your eligibility to register in the Emergency Assignment Class. You will receive messages about your application in your online account (www.cno.org/mym).

Emergency Assignment Registration Form



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College of Nurses of Ontario
101 Davenport Rd., Toronto, ON M5R 3P1
www.cno.org

Telephone: 416 928-0900
Toll-free (Canada): 1 800 387-5526

How to complete this form

Step 1: Fill out the application form below. The College of Nurses of Ontario (CNO) will begin processing your application within two business days. Please send the completed application to: emergencyclass@cnomail.org with the subject heading: NEW APPLICATION.

Step 2: If you are eligible for registration in the emergency assignment class, CNO will provide you with information about next steps. This will include information on your application number, which you will need to obtain your Canadian police criminal record check.

Collection of Personal Information Please review the Privacy Policy on CNO's website (www.cno.org/privacy) to understand how your personal information will be used.

SECTION 1

Contact information

Last name

First name

Applicant's mailing address

Apt/unit# City

Province/State Postal/Zip Code Country

Date of birth (DD/MMM/YYYY)

Gender: Female Male

Telephone number (primary)

E-mail address (primary)

SECTION 2

Additional information

1. List any previous name(s) you have had:

2. Select language of preference when communication with CNO: English French

3. Have you ever had a previous application or registration with CNO? Yes No
If yes, state your CNO Application or Registration Number: _____

4. Category of application RN RPN

5. Which province or state are you currently registered to practice nursing? _____

6. Please list all jurisdictions where you have obtained registration as a nurse.

Province/State of Registration	Category of Registration (e.g. Registered Nurse (RN), Registered Practical Nurse (RPN), other (please specify))	Registration Number	Initial Registration Date (DD/MMM/YYYY)	Registration Expiry date if not currently active (DD/MMM/YYYY)

Emergency Assignment Registration

Form continued



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SECTION 3

Initial Nursing Education

School of Nursing

Address

City Province/State

Postal/Zip Code Country

Telephone number (include area code)

Fax number(include area code)

Start Date (dd/mmm/yyyy)

End Date (dd/mmm/yyyy)

Type of program completed:

- Registered Nurse
 Registered Practical Nurse
 Other _____

Credential received:

- Certificate Diploma
 Associate Baccalaureate degree
 Other _____

SECTION 4

Summary of Nursing Practice

Since graduation from your nursing program, have you engaged in the practice of nursing

- No Yes (List the date on which you last practiced) _____
(dd/mmm/yyyy)

If you have engaged in the practice of nursing in the last three years in the category for which you are applying please list your most recent employer.

Name of employer/agency

Address

City Province/State

Postal/Zip Code Country

Telephone number (include area code)

Fax number(include area code)

Name of contact at employer/agency

E-mail address of contact

Start Date (dd/mmm/yyyy)

End Date (dd/mmm/yyyy)

Category:

- Registered Nurse
 Registered Practical Nurse
 Other _____

Position (e.g. staff nurse):

Emergency Assignment Registration Form continued



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SECTION 5

Declaration of Registration Requirements

If you answered "Yes" to any questions please attach an explanation and any relevant supporting documentation

1. Have you ever been found guilty of any criminal offence, any offence relating to the use, possession or sale of drugs, any offence under the *Controlled Drugs and Substances Act* (Canada), or any other offence in relation to the practice of nursing or another profession in any jurisdiction? No Yes
2. Have you ever been the subject of a finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against you in relation to the practice of nursing or another profession in any jurisdiction? No Yes
3. Are you the subject of a current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of nursing or another profession in any jurisdiction? No Yes
4. Are you the subject of a current proceeding in respect of any offence in any jurisdiction? No Yes
5. Have you ever been refused registration as a nurse or in another profession in any jurisdiction? No Yes
6. Is there anything in your past or present that would provide reasonable grounds for the belief that you:
 - i. suffer from any physical or mental condition or disorder that could affect your ability to practise nursing in a safe manner? No Yes
 - ii. will not practise nursing with decency, honesty and integrity and in accordance with the law? No Yes
 - iii. do not have sufficient knowledge, skill and judgment to competently engage in the practise of nursing authorized by the certificate of registration? No Yes
 - iv. will not display an appropriate professional attitude? No Yes

(Please check) I agree and understand that as of the date of completion of this application, I am responsible for providing the Executive Director with the details of any new information that would change my response to any question on the declaration after my application is submitted. I understand that this requirement will continue even after the date my certificate of registration is issued.

Date _____

Emergency Assignment Registration Form continued



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SECTION 6

Submission of Application

- a. I authorize CNO to carry out the procedures necessary for the assessment of my eligibility for registration including:
 - i. Making copies of my application and submitted documents for the purpose of assessment;
 - ii. Providing copies of submitted documents to the issuing educational institutions, regulatory bodies and employers or authorities to verify authenticity;
 - iii. Contacting the institutions or authorities on this application to verify or investigate the authenticity of information I have provided on the application and submitted documents.
- b. I declare that I am the person applying for a certificate of registration and that all statements are true and complete in every respect.
- c. I understand that falsification, misrepresentation or provision of misleading information on this application or my supporting documentation may result in the cancellation of my application for registration or cancellation of any certificate that may be issued.
- d. I acknowledge that any document submitted by me or on my behalf becomes the property of CNO and will not be returned to me.
- e. I understand that in order to practice as a Registered Nurse or Registered Practical Nurse or Nurse Practitioner in Ontario, I am required by law to be registered and hold a current certificate of registration with CNO before I start employment.
- f. I understand that my application for assessment of eligibility and/or registration will remain open with CNO as long as there is evidence of progress towards meeting eligibility requirements. If there is no evidence of progress for two years, CNO will consider my application closed and I will need to re-apply by submitting a new application form, fee and supporting documents.

(Please check) I agree to each of the above statements and submit my application to CNO for consideration.

Date: _____