

Temporary Class Offer of Employment Form



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

THE STANDARD OF CARE.

College of Nurses of Ontario
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www.cno.org

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Important: You must first create a Temporary Class application online; then, complete this form according to the instructions below. Please note that you will need to have an open application in the General Class before applying to the Temporary Class.

How to complete this form

Step 1: Applicant completes section 1.

Step 2: Employer completes section 2.

Step 3: Applicant must upload the completed form to the College of Nurses of Ontario (CNO) online portal.

Collection of Personal Information: Please review the *Privacy Policy* on CNO's [Privacy Policy](#) to understand how your personal information will be used.

SECTION 1

To be completed by the *applicant* (please print clearly).

Last name

First name

Date of birth (mm-dd-yyyy)

Application number

Temporary Class Certificate of Registration – Terms, conditions and limitations

Registrants practicing in the Temporary Class must:

1. Practice in the facility named in this offer and only within the scope of their employment with that facility
2. Be monitored and directed by a CNO registrant holding a General or Extended Class certificate of registration
 - Temp registrants practicing as Registered Nurses (RNs) must be monitored and directed by an RN or Nurse Practitioner (NP)
 - Temp registrants practicing as Registered Practical Nurses (RPNs) can be monitored and directed by an RN, RPN or an NP
3. Not perform a controlled or authorized act, unless the act is ordered by an NP or RN as is applicable, or by a person authorized by the *Chiroprody Act, 1991*, the *Dentistry Act, 1991*, the *Medicine Act, 1991*, or the *Midwifery Act, 1991*
4. Not supervise, monitor or direct the performance of a controlled or authorized act or the practice of another registrant in any class
5. Not accept the delegation of a controlled or authorized act from another registrant or any other person
6. Not delegate to another registrant or any other person the authority to perform a controlled or authorized act
7. Always identify themselves as a Temporary registrant when providing nursing services
8. Only use of the following title:
 - Registered Nurse (Temporary) or RN (Temp) when holding a temporary certificate as an RN, or
 - Registered Practical Nurse (Temporary) or RPN (Temp) when holding a temporary certificate as an RPN.

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I, _____, hereby certify that I am the person applying for a Certificate of Registration in the Temporary Class and that all statements on this form are true and complete in every respect. I understand that falsification, misrepresentation or providing misleading information knowingly on this application may result in the cancellation of my application for registration. I declare that I have read and understand the terms, conditions and limitations applicable to all Certificates of Registration in the Temporary Class.

If I am granted a Certificate of Registration in the Temporary Class to practice in or for the facility named on this form, I accept the responsibility of ensuring that my practice will be monitored and directed by a registrant of the CNO's General or Extended Class, as is applicable, and that I will practice in accordance with any terms, conditions and limitations set out on that certificate.

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 and until a Certificate of Registration is issued. I understand that this requirement will continue even after the date my Certificate of Registration is issued.

Applicant's signature: _____ Date: _____
(mm-dd-yyyy)

SECTION 2: OFFER OF EMPLOYMENT

To be completed by the *prospective employer* and returned to the applicant (please print clearly).

Temporary Class applicants must have a written offer of employment from a facility described below (see Schedule 1 of Ontario Regulation 275/94) or approved by CNO. Links to government sites used by CNO to confirm facility status can be found on our website at www.cno.org. Please complete all the required information and **check the appropriate box below**. If your facility is not found, check Other and identify the type of facility in the space provided. CNO may contact you for additional information about your facility to help determine if it can be approved. NOTE: CNO will not accept offers of employment from nursing staffing agencies where Temporary Class registrants are contracted to provide services to clients for third-party organizations.

Facility

Site

Mailing address

Telephone number (extension)

City

Fax number

Province

Postal code

Email address of facility contact

Facility contact first name

Facility contact last name

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Facility Type

Boards under the *Education Act*

Boards of Health under the *Health Protection and Promotion Act*

Independent Health Facilities under the *Independent Health Facilities Act*

Long-Term Care Homes under the *Fixing Long-Term Care Act, 2021*

Psychiatric Facilities under the *Mental Health Act*

Hospitals under the *Public Hospitals Act*

Institutions funded by the Minister of Health and Long-Term Care as Community Health Centres (CHCs), Nurse Practitioner-Led Clinics or Family Health Teams, and physicians funded by Ministry of Health and Long-Term Care primary care alternate payment plan agreements

Agencies, Boards and Commissions as defined by the Government of Ontario

Post-secondary educational institutions

Other

If you select 'Other', please describe the practice setting (e.g., mental health, home care or community care services, retirement home specialty clinic, etc.):

If you select 'Other', please describe the type of services provided by the facility and the primary roles/responsibilities of the Temporary Class registrant:

Full name of the applicant you are offering employment

Last name

First name

Registrant will practice in the facility as a (Category of Nurse):

Registered Nurse

Registered Practical Nurse

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Please confirm the following by checking **Yes** or **No**:

1. There is at least one nurse, who is registered with CNO in the General or Extended Class, and employed by your facility responsible for monitoring and directing the Temporary Class registrant's practice. Monitoring and directing practice includes teaching required skills, providing feedback, being available for consultation and support, and acting as a resource, role model, mentor and coach. Refer to CNO's resources on Supporting Learners for information on supporting, mentoring and teaching learners. When monitoring and directing practice, please note:

- Multiple nurses can monitor and direct a Temporary Class registrant's practice. RNs and NPs can monitor and direct a Temporary Class RN's practice, while RNs, RPNs, and NPs can monitor and direct a Temporary Class RPNs practice.
- Monitoring practice can be direct or indirect. This is based on the needs of the Temporary Class registrant, the required roles and responsibilities, and the requirements of the practice setting. Indirect monitoring and directing means a CNO registrant is readily available for consultation, but is not directly at the side of the registrant.

Yes No

2. Your facility provides client care and has an overarching set of policies and procedures, and expectations for how to deliver health care services or practice for your facility whether in one practice settings/site or across different sites operated by or contracted to your facility. Note: This does not include nurses contracted by staffing agencies.

Yes No

3. Your facility provides an orientation on relevant policies, procedures, documentation (i.e., electronic health records), technology, resource materials, and to the facility's general practice environment.

Yes No

4. Does your facility provide a comprehensive onboarding and practice experience/placement supporting the Temporary Class registrant in:

- their individual and diverse learning needs, including opportunities for feedback and remediation;
- integrating nursing knowledge, skill and judgement and CNO's standards into their nursing practice; and
- complying with required terms, conditions, and limitation of the Temporary Class certificate of registration

Yes No

5. Facility representatives, and anyone else involved in monitoring and directing the Temporary Class registrant, have read and understand, the terms, conditions and limitations on a Temporary Class certificate of registration as outlined above.

Yes No

6. Facility representatives understand, your reporting obligations as a facility operator and employer of nurses. See CNO's [Reporting Guide](#).

Yes No

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I, as a representative of the prospective facility/employer named in this form and vested with sufficient authority, hereby certify that all information provided on this form is true, accurate and complete. I further declare that if the applicant named on this form is granted a Certificate of Registration in the Temporary Class to practice in, or for, our facility, we accept the responsibility of ensuring that their practice will be monitored and directed by an appropriately qualified registrant of the CNO's General or Extended Class and that the Temporary Class registrant practices in accordance with any terms, conditions and limitations set out in that certificate.

We will use the employer email you provided above to notify you if or when the registrant's Temporary Class registration expires.

Name

Title

Signature

Date (mm-dd-yyyy)