



APPLICATION FOR BILLING NUMBER (NURSE PRACTITIONER/REGISTERED NURSE/ LICENSED PRACTICAL NURSE)

This form must be completed before a number can be issued.

Input boxes for NURSE PRACTITIONER, REGISTERED NURSE, and LICENSED PRACTICAL NURSE.

1. PERSONAL INFORMATION

Form section for personal information including legal name, date of birth, gender, citizenship, business and home addresses, phone numbers, and email addresses.

2. REGISTRATION

Form section for registration details including name of college, date of full practising registration, and college registration number.

3. SPECIAL CERTIFICATION AS PER CRNBC STANDARDS, LIMITS AND CONDITIONS (APPLICABLE FOR NURSE PRACTITIONERS ONLY) website: www.crnbc.ca

Form section for special certification with checkboxes for Family, Adult, Paediatric, and Neonatal Provisional.

4. SIGNATURE

Large empty box for signature and date.

Personal information on this form is collected under the authority of the Medicare Protection Act for the purposes of MSP billing and under the authority of the Freedom of Information and Protection of Privacy Act - Section 26(c) for other billing purposes and will be used to process your application for a billing number and for record keeping.