

NURSE IN PRACTICE PROGRAM APPLICATION

HLTH 4699 2024/02/12

Under the Ministry of Health's Nurse in Practice Program, primary care clinics that deliver longitudinal primary care to a panel of patients, or who provide focused primary care to priority populations may be eligible for funding to hire a registered nurse (RN) or licensed practical nurse (LPN) to work as part of their core clinical practice team.

Eligible clinics may apply for funding by completing this form and submitting it to the Ministry of Health at NurseInPractice@gov.bc.ca. Application forms will be assessed on a quarterly basis throughout the year. For further information about eligibility criteria and service expectations, please see the Nurse in Practice Application Guide.

To be completed by the Medical / Clinical Director

SECTION A: MEDICAL / CLINICAL DIRECTOR (Required)							
Name (Last, First)	Phone Number		Primary Email				
Family Physician Nurse Practitioner	MSP Practitioner Number		Date (YYYY / MM / DD)				
SECTION B: CLINIC INFORMATION (Requ	uired)						
Name of Clinic (Doing Business As)							
Clinic Address (Number and Street)		City		Postal Code			
Primary Care Network (PCN)			MSP Facility Number				
SECTION C: BUSINESS INFORMATION (F	Required)						
Legal Business Name		Status Corporation Partnership	○ Not-for-profit society ○ Sole Proprietorship	Business Number			
Clinic Address (Number and Street)		City		Postal Code			
Business Owners							
Name (Last, First)		Name (Last, First)					
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SECTION D: PRACTICE INFORMATION (Required)			
Practice Type			
Longitudinal primary care practice that is FP or NP owned and operated or oper	perated by a not-for-pro	ofit, OR	
Focused primary care practice clinic practice that is FP or NP owned and oper Please specify the priority population(s) served:	rated or operated by a r	not-for-profit.	
Maternity care			
Sexual health and/or gender affirming care			
Frail/elderly			
Complex care			
Mental health and substance use			
First Nations, Métis, Inuit			
Other (describe):			
Note: Primary care clinics that focus on delivering episodic care (e.g., walk-in clinics, vii	tual-only clinics) are NO	T currently eligible.	
Hiring Goal			
Number of RNs (FTE)	Number of LPNs (FTE	Number of LPNs (FTE)	
Existing Nursing Complement			
Clinic does not currently have an RN or LPN to support the practice, OR			
Clinic privately employs one or more RNs/LPNs to support the practice.			
Note: Clinics that have an RN or LPN position funded by a Health Authority, the M are NOT eligible.	inistry of Health, a PCN	or other third party, such as the Fe	ederal Government
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are NOT eligible.			
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Note: For Longitudinal primary care clinics, please only list FPs and NPs who have established patient panels and who have met the minimum panel size requirements described in the Nurse in Practice Application Guide. FPs and NPs who are still in the process of building their patient panels are not included in eligibility calculations. Note: Only list FPs and NPs with established patient panels that meet the minimum panel size requirements.

SECTION F: PRACTICE DECLARATION (Required)						
The lead FP or NP must agree to the following commitments and initial beside the descriptions below.						
Declaration						
I hereby confirm that I/our clinic: (please initial all fields and check appropriate buttons/boxes)						
Initials	will hire no less than 0.2 RN/LPN full-time equivalent (FTE)					
Initials	does not currently have a RN/LPN that is funded by the Ministry of Health, a Health Authority, a Primary Care Network, or other third party such as the federal government					
Initials	provide the RN/LPN with a patient exam room/workspace, equipment and necessary supplies to provide in-person clinic and outreach services as applicable					
Initials	will support the RN/LPN to meet service expectations (i.e., pr FTE, which is all inclusive of direct, virtual, and autonomous r accurately reported, and work to optimal scope of practice to	ursing care), including ensuring patient encounters are				
	will support the RN/LPN to deliver services predominantly in	person. This includes:				
Indial a	☐ 70% or more is direct in-person, RN/LPN clinical ca	ire time,				
Initials	AND a significant proportion of encounters are nursing patient to be also seen by an FP or NP and can be	specific appointment types which do not require the managed by a RN or LPN autonomously.				
Initials	will meet patient panel sizes in our longitudinal primary care Appendix A) by:	clinic (see Nurse in Practice Application Guide,				
	attaching 300-500 patients in urban setting or 200 minimum level set to qualify for the Nurse in Pract	-400 patients in rural setting per RN/LPN FTE, above the ice Program,				
	OR maintaining existing panel size during participati that already exceed PCN panel size requirements,	on in the program for longitudinal primary care practices				
	OR maintaining panel size expectations for focused pathose exist based on approved funding arrangem	rimary care clinics serving priority populations, where ents.				
Initials	will provide after hours care in compliance with my College practice standards or expectations.					
Initials	will provide support to RN and/or LPN to work to provide same-	will provide support to RN and/or LPN to work to provide same-day urgent clinical assessments and care for patients.				
Initials	will meet employer requirements such as liability insurance or or	will meet employer requirements such as liability insurance or occupational health and safety expectations as per WorkSafe BC				
Initials	will not bill for delegated services delivered by a RN and/or LPN					
Initials	will ensure all eligible FPs and NPs have uploaded their patient panel to the Panel Registry in the Provincial Attachment System (PAS)					
Initials	will ensure all clinic FPs and NPs participate in PAS by maintaining up-to-date information in the Clinic and Provider Registry and Panel Registry					
Initials	agree to submit a monthly invoice, including financial data, and ensure RN or LPN submit encounter coding.					
CONCENT A	AND CICALATURE (D					
	AND SIGNATURE (Required)					
By signing this form, the undersigned hereby consents to and acknowledges that personal information on this form is collected under the authority of the <i>Medicare Protection Act</i> for the purposes of administration of the Nurse in Practice Program by the Ministry of Health and section 26(a), (c) and (e) of the <i>Freedom of Information and Protection of Privacy Act</i> . Please be aware that any personal information you provide is stored in British Columbia at the Ministry of Health. For questions regarding the collection of personal information, please contact NurseinPractice@gov.bc.ca. Personal information will be used for assessing provider and clinic eligibility for funding, to confirm ongoing conformance with program requirements and to enable program evaluation. The Province may disclose FPs' and NPs' personal information to the FPs and NPs listed herein, the clinic and third party evaluators.						
Consent to disclose non-personal information, collected in Sections A, B, C, D and E, to FPs and NPs listed herein, the clinic and third-party evaluators.						
Medical/Clinic D	Date Signature Date Signature	ned (YYYY / MM / DD)				