

APPLICATION FOR MSP PRACTITIONER NUMBER (REGISTERED NURSES IN CERTIFIED PRACTICE)

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

1. PERSONAL INFORMATION														
SURNAME						GIVEN NAME (FIRST)					GIVEN NAME (SECOND)			
LEGAL NAME														
DATE OF BIRTH	MM DD YYYY ☐ M ☐ F CITIZENSHIP ☐ OTHER						If non-Canadian, indicate your status in Canada and enclose a copy of your Work Permit and/or Landed Immigrant status papers.							
BUSINESS	MAILING	ADDRESS					CITY				POSTAL CODE			
PHONE NU	MBER		F	FAX NUMBER			EMAIL ADDRESS							
HOME A	DDRESS (NU	JMBER AND	STREET)					CITY				POSTAL CODE		
PHONE NU	MBER		F	FAX NUMBER			EMAIL	ADDRESS						
2. REG	ISTRA	TION												
NAME OF COLLEGE								DATE OF FU MM	LL PRACTIS DD	ISING REGISTRATION COLLEGE REGISTRAT			AATION #	
3. CRNBC CERTIFIED PRACTICE CATEGORY														
COPY OF NURSE VERIFICATION MUST BE SUBMITTED WITH APPLICATION (THIS DOCUMENT IS AVAILABLE AT WWW.CRNBC.CA).														
☐ RN FIRST CALL ☐ REPRODUCTIVE HEALTH ☐ REMOTE NURSING														
4. DECLARATION AND SIGNATURE														
I understand that MSP is a public system based on trust, but also that my claims are subject to audit and financial recovery for claims contrary to the <i>Medicare Protection Act</i> (the "Act"). I undertake to not submit false or misleading claims information, and acknowledge that doing so is an offence under the Act and may be an offence under the Criminal Code of Canada. Further, I agree that I will meet the requirements of the Act and related Payment Schedule regarding claims for payment, including											E			
that prior to submitting a claim I must create: (a) an adequate medical record, if I am a medical practitioner; or (b) an adequate clinical record, if I am a health care practitioner.											IED			

Personal information is collected under the authority of the Medicare Protection Act and section 26 (a), (c) and (e) of the Freedom of Information and Protection of Privacy Act for the purposes of administration of the Medical Services Plan. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Office, PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3 or call 604-683-7151 (Vancouver) or 1-800-663-7100 (toll free).

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 FAX: 250 405-3592 Web: www.hibc.gov.bc.ca