



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

1. PERSONAL INFORMATION

Form section 1: Personal Information. Includes fields for Surname, Given Name (First and Second), Date of Birth (MM, DD, YYYY), Sex (M, F, Other), Citizenship, Business Mailing Address, Home Address, Phone/Fax Numbers, and Email Addresses. Includes a note for non-Canadian applicants to provide work permit or landed immigrant status papers.

2. REGISTRATION

Form section 2: Registration. Includes fields for Name of College, Date of Full Practising Registration (MM, DD, YYYY), and College Registration #.

3. CRNBC CERTIFIED PRACTICE CATEGORY

Form section 3: CRNBC Certified Practice Category. Includes a note that a copy of nurse verification must be submitted with the application. Includes checkboxes for RN First Call, Reproductive Health, and Remote Nursing.

4. DECLARATION AND SIGNATURE

Form section 4: Declaration and Signature. Includes a declaration text regarding MSP trust and audit, and fields for Signature and Date Signed.

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).

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