BRITISH COLUMBIA | Health InsuranceBC

APPLICATION FOR MSP PRACTITIONER NUMBER AS A NURSING PROFESSIONAL

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

- ◯ Nurse Practitioner - NP
- ◯ Nurse Practitioner - NP (Provisional)
- ◯ Registered Nurse, Certified - RN(C)
- ◯ Registered Psychiatric Nurse, Certified - RPN(C)
- ◯ Registered Nurse - RN
- ◯ Registered Psychiatric Nurse - RPN
- ◯ Licensed Practical Nurse - LPN
  (*For the purpose of encounter coding only*)

1. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Second Name

Date of Birth (mm/dd/yyyy)		Citizenship	
MM | DD | YYYY	◯ M ◯ F ◯ 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 Number	Fax Number	Email Address

HOME

Address (Number and Street)	City	Postal Code

Phone Number	Fax Number	Email Address

2. BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES (BCCNM) REGISTRATION INFORMATION

Date of Registration	College ID Number
MM | DD | YYYY	

3. BCCNM CERTIFIED PRACTICE CATEGORY (IF APPLICABLE)

- ☐ Remote Nursing
- ☐ RN First Call
- ☐ Reproductive Health – Contraceptive Management
- ☐ Reproductive Health – Sexually Transmitted Infections
- ☐ Opioid Use Disorder

4. DECLARATION AND SIGNATURE

I understand that having an MSP practitioner number does not authorize me to claim for payment for any benefits under the *Laboratory Services Act* (LSA) or *Medicare Protection Act* (MPA). I confirm that all information provided above is accurate, and that I must inform Health Insurance BC of any changes to the information, including (but not limited to) changes to my licensing/registration status.

Signature

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).

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**

Save Print Clear Form