

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
<input type="radio"/> Family Physician <input type="radio"/> Nurse Practitioner	MSP Practitioner Number		Date (YYYY / MM / DD)

SECTION B: CLINIC INFORMATION (Required)		
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 (Required)		
Legal Business Name	Status <input type="radio"/> Corporation <input type="radio"/> Not-for-profit society <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship	Business Number
Clinic Address (Number and Street)	City	Postal Code

Business Owners	
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)
Name (Last, First)	Name (Last, First)

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., provision of 4400 additional encounters per year per RN/LPN FTE, which is all inclusive of direct, virtual, and autonomous nursing care), including ensuring patient encounters are accurately reported, and work to optimal scope of practice to meet patient needs
Initials	will support the RN/LPN to deliver services predominantly in-person. This includes: <input type="checkbox"/> 70% or more is direct in-person, RN/LPN clinical care time, AND <input type="checkbox"/> a significant proportion of encounters are nursing specific appointment types which do not require the patient to be also seen by an FP or NP and can be managed by a RN or LPN autonomously.
Initials	will meet patient panel sizes in our longitudinal primary care clinic (see Nurse in Practice Application Guide, Appendix A) by: <input type="radio"/> attaching 300-500 patients in urban setting or 200-400 patients in rural setting per RN/LPN FTE, above the minimum level set to qualify for the Nurse in Practice Program, OR <input type="radio"/> maintaining existing panel size during participation in the program for longitudinal primary care practices that already exceed PCN panel size requirements, OR <input type="radio"/> maintaining panel size expectations for focused primary care clinics serving priority populations, where those exist based on approved funding arrangements.
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-day urgent clinical assessments and care for patients.
Initials	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.

CONSENT 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 *Medicare Protection Act* 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 *Freedom of Information and Protection of Privacy Act*. 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 Director Signature

Date Signed (YYYY / MM / DD)