

Recognition of Practice Checklist

Applicant's Name: _____

RN NP
(please check)

Registration Number: _____

Phone: _____ Email: _____

Role/position applying for: _____

Name of business/employer name where you will be working in this role: _____

Please complete the following Recognition of Practice (ROP) questions and submit as a separate document along with your checklist:

1. Nursing Practice:

- Why do you feel this is registered nursing practice?
- How does the service or activity use a registered nurse's knowledge, skill and judgement?
- How do you incorporate the nursing process when performing the service or activity?

2. Client:

- Why do you feel this is in the client's best interest?
- What physical and human resources do you have in place to ensure safe patient care and manage any unintended consequences?

3. Evidence:

- Does current best practice evidence support the registered nursing practice? If yes, please provide an explanation/links/other resources to support your answer.
- Have you explored if other RNs or NPs are engaged in the registered nursing activity anywhere else in the province or country?

4. Authorizing Mechanism:

- Where will the authority come from for you to provide the service or activity?
- Are the services or activities authorized under federal and/or provincial legislation? If yes, please provide evidence to support (i.e. Health Canada).

5. Competency:

- What competencies have you acquired to perform the registered nursing activity (i.e. course completion)?
- How will you maintain your competencies to perform the service or activity?

Please indicate if you have reviewed/completed the following (select all that apply):

- This role requires RN/NP knowledge, skills and judgment.
- This role falls within the RN/NP scope of practice as per [*The Registered Nurses Act, 1988*](#), section 2.
- This role meets the RN/NP practice standards.
- I have reviewed the [*RN Practice Standards*](#) or [*NP Practice Standards*](#), [*Code of Ethics for Registered Nurses*](#), and [*Documentation Guideline*](#).
- I have reviewed the [*Maintaining Eligibility for Licensing: Nursing Practice Hours*](#) and [*Self-Employed Practice Guidelines*](#), if applicable.
- The activity/service to be performed falls within the RN/NP legislative authority, both federal and provincial (submit evidence if approved by Health Canada).
- I have successfully completed the necessary training/certification for the role (submit copies to the CRNS with checklist) and am competent to perform the role.
- I have supports in place to collaborate and/or refer as needed (i.e., colleague, physician, NP, neurologist, dermatologist etc.).
- I have contacted the [*Canadian Nurses Protective Society*](#) (CNPS) regarding my service/activity. Topics that you may want to discuss with CNPS include, but are not limited to:
 - Whether this position falls within my legislated scope of practice.
 - Whether I need to obtain additional liability coverage?
 - What risk management considerations (business lawyer, accountant, record keeping, additional personal protection, discharge instructions, advertising) must I consider?
 - What policies and procedures do I need to develop?
- I have the appropriate documentation process in place, including the following:
 - It meets the *Health Information Protection Act* (HIPA) requirements, including collecting, using and disclosing personal health information as per provincial and federal regulations. *Contact the Ministry of Health or the Saskatchewan Office of the Information and Privacy Commissioner for more information.*
 - It meets the *Personal Information Protection and Electronic Act* (PIPEDA) requirements, including collection, storage, retention and disposal per provincial and federal regulations. *Contact the Saskatchewan Office of the Information and Privacy Commissioner for more information.*
 - Client consents have been developed to include, but are not limited to, information being collected/used/disclosed, procedures being performed, possible outcomes including side effects, costs, follow-up, etc.
 - Processes for referrals to other health care professionals have been developed as required.

- I have created or have access to appropriate client education material.
- I have created or have access to policies and procedures, as applicable:
 - Infection control
 - Management of adverse events and/or near misses
 - Documentation-collection, storage, retention and disposal of both electronic and hardcopy
 - Obtaining/reviewing informed consents prior to each treatment
 - Follow-up appointments
 - Referrals to other health care professionals as required, including faxing and/or emailing forms
 - Use of photos for pre/post service/activity
 - Termination of service requirements-access to records (if needed), notify clients, follow up of existing clients
- I have obtained a business license (if applicable).
- I have sufficient personal and/or commercial liability insurance (if applicable).
- I will maintain a log of RN or NP hours practiced in this role.
- I understand the guidelines regarding the use of advertising/social media (avoid the use of “specialist”, “expert”, “medical director”, no client testimonials, monitor blogs if used and appropriate use of photos [stock]).
- I will not endorse/promote products, services or activities (i.e., 2 for 1 special, discounts, coupons).
- I am aware of the conflict of interest policy if employed by other health care agencies.
- I am an RN working in a setting that requires an appropriate authorizing mechanism and have ensured:
 - I have conducted my own assessment of the client at each visit;
 - the treatment plan(s) is clear, and if not, I will seek clarity from the physician or NP;
 - I have the competency to perform the assigned task;
 - that any adverse reactions, errors and/or near misses are reported using employer policy; and
 - there are [RNSP](#) clinical protocols in place.
- I am an NP practicing independently or in a collaborative practice with other health care providers and am responsible to:
 - conduct my own initial assessment of the client at each visit;
 - establish the treatment plan(s) for my specific clients;
 - ensure appropriate authorizing mechanisms are in place dependent on the activity being performed, such as client-specific orders or directives;

- assess that the RN (or other health care provider) is competent to perform an assigned task;
- assist in the event of an adverse reaction and/or near misses, including reporting as required; and,
- ensure [RNSP](#) clinical protocols are in place as needed.

I certify that the information I have provided on this form is true and correct and acknowledge that my application for Recognition of Practice may be refused or my approval could be suspended if I have provided inaccurate information.

Signature: _____ Date submitted: _____

Please submit your completed forms to practiceadvice@crns.ca

References:

Canadian Nurses Protective Society (July, 2021). *InfoLAW: Considerations for providing cosmetic services*. Retrieved from: <https://cnps.ca/article/considerations-for-providing-cosmetic-services/>

Canadian Nurses Protective Society (October, 2017). *Are you considering a career in cosmetic nursing?* Retrieved from: <https://cnps.ca/article/are-you-considering-a-career-in-cosmetic-nursing/>