

DRAFT: Aesthetic Nursing Resource

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Introduction

The College of Registered Nurses of Saskatchewan (CRNS) has the responsibility and authority to regulate Registered Nurses (RN) and Nurse Practitioners (NP) in all areas of nursing practice, including aesthetic nursing. This resource is a compilation of current CRNS guidelines and recommendations for registrants regarding aesthetic nursing and includes links to related information for RNs and NPs.

Registrants must understand that the CRNS documents (i.e., *Practice Standards; Code of Conduct; Entry-Level Competencies*; etc.) outline the minimum expectations set for RN and NP practice across all settings. They are intentionally broad and flexible so they can be adapted to each unique context. Employers and registrants share responsibility for determining how these expectations will be applied consistently within their specific practice environments. Every setting and context have unique considerations for risk mitigation and management, along with legislation that may apply to it.

For example, in hospital settings you may find nurse educators; risk management teams; ethics committee; infection prevention and control (IPAC), and clinical standards teams who all provide expertise to determine what is required for safe care in a particular clinical setting. Aesthetic nursing often takes place in smaller private settings that may not have access to a similar team of researchers, policy writers, or lawyers for example, as seen in the traditional larger practice settings. RNs and NPs engaging in aesthetic nursing remain accountable for identifying and mitigating the potential risks while reflecting on their own knowledge, skills and competencies, and seeking out expertise when needed.

This aesthetic nursing resource supports registrants in understanding regulatory expectations related to aesthetic nursing practice. It does not set industry-specific standards or direct day-to-day work (i.e., set clinical best practices or individual policies). Registrants and employers must determine what current evidence-informed best practices are applicable in their setting and context, and the services they provide. They must also obtain and apply current knowledge and evidence related to the products, devices, medications and procedures being used or offered in their practice setting.

Regulatory Authority

[The Registered Nurses Act, 1988](#) (the Act) provides the legislative authority for RN and NP practice in Saskatchewan. This resource provides information about how registrants practicing aesthetic nursing comply with the relevant current [Registered Nurse Practice Standards](#), [Nurse Practitioner Practice Standards](#), [Registered Nurse Entry-Level Competencies](#), [Nurse Practitioner Entry-Level Competencies](#), and the [CRNS Code of Conduct](#).

Additionally, the following CRNS documents or resources may relate to RN or NP aesthetic nursing practice:

- [Documentation Guideline](#)
- [Medication Management Guideline](#)
- [Prescribing Medication Guideline](#)
- [Recommending and Administering Non-Prescription Drugs Guideline](#)
- [Reflect on Your Practice: Cosmetic Injectables](#)
- [Nursing Practice Update: IV Hydration Therapy](#)
- [RN Specialty Practices Guideline](#)
- [Self-Employed Practice Guideline](#)
- [Legislated Scope of Practice Assessment Tool](#)
- [Professional Boundary Considerations for Nurse Client Relationships](#)
- [Confirming Nursing Practice \(CNP\) Process](#)

RNs and NPs should become familiar with and consider any local, provincial and federal laws that may direct the work they do in their unique context and setting.

Some examples include:

- appropriate business licenses or permits;
- the *Health Information Protection Act* (HIPA) and how confidential client information is obtained, stored, used, accessed and destroyed;
- understanding when mixing IV solutions is considered to be compounding and/or manufacturing by Health Canada definition;
- requirements for procuring and storing prescription drugs;
- requirements around authorizing mechanisms for specific drugs and/or services; and
- advertising of drugs, medical devices or health products.

For examples on legislation that apply to aesthetic nursing, please see Appendix A.

Aesthetic Nursing Defined

Aesthetic nursing is defined as the provision of specialized elective non-surgical clinical procedures intended to alter or restore a person's appearance. Examples could include but are not limited to, dermal fillers, volume enhancers, collagen stimulators, neuromodulators and specific

types of IV therapy. Aesthetic nursing has also been referred to as cosmetic nursing, medical aesthetics and other industry-related terms.

It is important to understand that not all aesthetic services are considered nursing practice. Specifically, those that do not require nursing knowledge or judgment and can be performed safely by unregulated providers. Further indications that a treatment is not RN practice is when it does not require any or all of the following:

- a health assessment
- informed clinical decision making
- management of outcomes
- alignment with CRNS *Practice Standards* and *Code of Conduct*

If a treatment is an elective consumer service that does not require the utilization of the nursing process, it is not considered RN practice. Therefore, RN or NP title cannot be used, and practice hours cannot be counted towards license renewal when performing those services. Examples include facials, eyelash extensions, manicures, pedicures, ear piercing and waxing.

Although there may be overlap in certain aesthetic services (i.e., micro needling or laser treatments) there are distinct differences in the standards, expectations, and legal requirements between non-regulated (i.e., estheticians or cosmetologists) and regulated providers (nurses, physicians, etc.). RNs and NPs who engage in aesthetic nursing are expected to apply the nursing process and comply with current RN or NP legislation, practice standards, competencies, and ethical responsibilities.

Legislated Scope of Practice

What constitutes the practice of registered nursing for RNs and NPs is defined in the Act and is commonly referred to as legislated scope of practice. The current [CRNS Bylaws](#) further define authority for registrants. It is the responsibility of each RN and NP to ensure they meet all federal and provincial legislation and regulatory requirements relevant to their practice.

Individual RN and NP scope of practice extends beyond the Act, CRNS bylaws and applicable provincial and federal legislation. It is also informed by the RN or NP's individual competence (knowledge, skills and judgment), along with the level of support available within the practice setting. Employer support in the practice setting should include:

- policies;
- appropriate authorization mechanisms and RN Speciality Practice protocols as applicable; and,
- appropriate equipment, referral processes, established protocols, and access to emergency interventions.

Each registrant is responsible for considering the specific requirements of their practice environment and ensuring these elements are in place before providing any aesthetic nursing services in either an employed or independent practice setting.

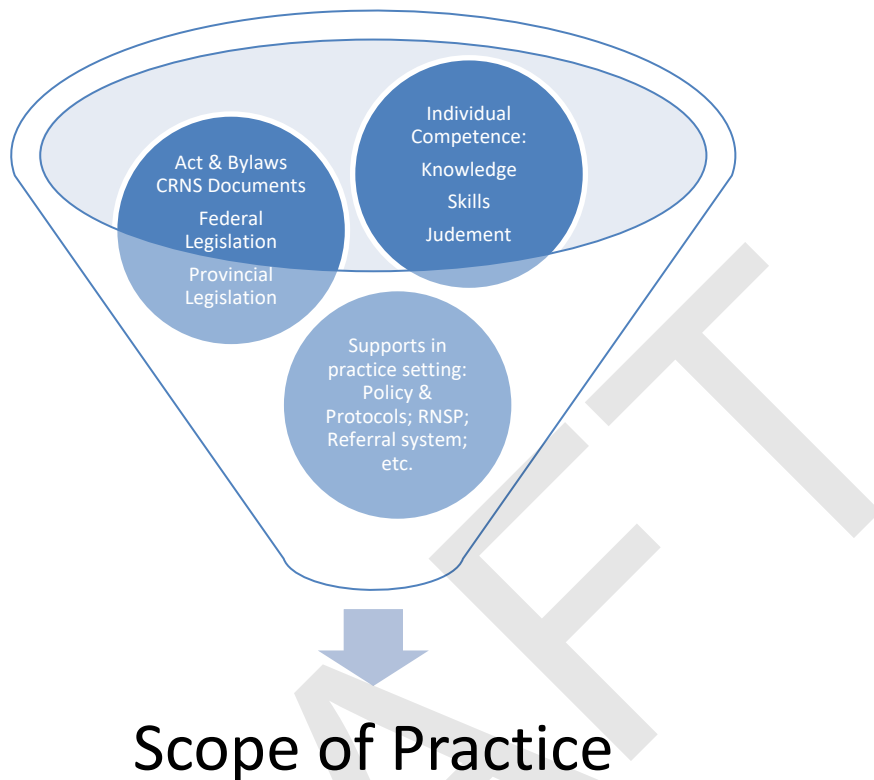


Figure 1. Scope of Practice

If you are uncertain whether an activity would be considered within your scope of RN or NP practice, visit the [Scope of Practice Assessment Tool](#) and the [Confirming Nursing Practice](#) webpage.

Confirming Nursing Practice (CNP)

[Confirming Nursing Practice \(CNP\)](#) is a regulatory process whereby the registrant confirms the activity or service they provide meets legislative requirements and the definition of RN or NP practice.

CNP is meant for RNs or NPs who are or who will be working in non-traditional roles or settings, providing new or innovative treatment or procedures, in a role that does not specifically require the knowledge and competency of an RN or NP, or if unsure whether it falls within their scope of practice. Activities and services that fall within the realm of aesthetic nursing require the RN or NP to go through the CNP process for the activity/service they provide.

The CNP process promotes registrant accountability and professional judgement by relying on the registrant, as the practice expert, to reflect on their role, activities and responsibilities in relation to relevant legislation, scope of practice, standards and competencies.

Completing the CNP process includes submitting a CNP form that confirms RNs and NPs are:

- meeting legislative definition and requirements of RN or NP practice in Saskatchewan;
- complying with CRNS *Practice Standards, Code of Conduct*, and all other regulatory guidance and updates;
- using nursing knowledge, skills and judgment;
- actively and consistently using the nursing process;
- meeting key factors such as authorization mechanisms, liability protection, documentation, privacy, conflict of interest, advertising and policy needs;
- identifying risks and ensuring appropriate safeguards are in place to protect the public, such as having referral systems, emergency equipment and clear role descriptions and protocols; and,
- practicing within their scope, individual competence and practice setting supports.

In turn, this enables registrants to:

- include the RN or NP practice hours worked in the role towards licensure;
- use the title Registered Nurse or RN, Reg.N, Nurse Practitioner or NP; and,
- secure liability protection through the Canadian Nurses Protective Society (CNPS) while providing those nursing services.

Registrants are advised to visit the [CRNS Confirming Nursing Practice](#) webpage for current direction and updates.

RNs Working with NPs

NPs are authorized to diagnose, prescribe and treat common medical disorders. For some NPs the assessments, diagnoses and treatments related to aesthetic nursing are considered common medical disorders. For more information, please review the [Nurse Practitioner Scope of Practice Policy](#).

NPs with the knowledge, skill, judgment and training to safely prescribe and treat the disorder and who have completed the CNP process (related to their aesthetic, new or innovative services) are considered to be authorized prescribers. RNs may receive authority to administer injections and carry out certain procedures through a client-specific order and RN clinical protocol as described in the [RN Specialty Practices \(RNSP\) Guideline](#). NPs must perform an initial assessment, discuss the risks and treatment options and gain consent, before providing the RN with a client-specific prescription and care plan.

NPs authorizing RNs must be available to attend at the same location as the procedure is performed should circumstances arise where they are required to assist other health care providers or to manage complications arising from the procedure. Available to attend means, the NP most responsible for care must be available to attend within a reasonable time consistent with the nature of the episode or complication. Depending on the circumstances, “available to attend” may include virtual or in-person care. Protocols established in advance, that anticipate the

emergent escalation of care of the patient, should be considered and in place prior to provision of services.

NPs are responsible for ensuring they are authorizing only those who meet the requirements to perform and administer the treatment plan they have ordered. Likewise, RNs are responsible for ensuring the NP providing authorization meets all the requirements for providing the aesthetic services. For example, some RNs or NPs may have the knowledge, skills and competencies to inject neuromodulators, but are not competent in dermal fillers, laser or other procedures. Both the NP and RN must have the knowledge, skills and competencies to safely authorize or take orders for the treatment or service they are providing and have a nursing protocol ([RNSP](#)) to guide the practice.

RNs Working with Physicians

Physicians have regulatory responsibilities as outlined in the College of Physicians and Surgeons of Saskatchewan (CPSS) *Bylaw 23.8: Ordering or Supplying Bioactive Agents for Administration By Another Person*; and *Policy: Performing Office-based Non-insured Procedures*. As per the CPSS, several key responsibilities for the physician include:

- obtaining CPSS approval to perform injections of bioactive agents;
 - performing the initial assessment, seeking consent, and providing a patient-specific prescription and treatment plan;
- in the event of an adverse event, ensure a care plan is established to mitigate the effects of the adverse event in a satisfactory manner;
- ensure anyone they authorize to participate in the patient’s care has the appropriate knowledge, skill, and judgment to provide competent and safe care and that they are appropriately supervised; and,
- being available to attend at the same location as the procedure is performed should circumstances arise where they are required to assist non-physician providers or to manage complications arising from the procedure. Available to attend means, the physician most responsible for care must be available to attend within a reasonable time consistent with the nature of the episode or complication. Depending on the circumstances, “available to attend” may include virtual or in-person care.

It may be prudent for RNs to obtain a written confirmation from the physician that the physician is aware of and prepared to meet all responsibilities outlined in the Bylaw and Policy. Like all other practice settings, healthy collaborative relationships between the RN and physician are an important part of aesthetic nursing practice. Trust and care in decision-making, open communication and respect are all factors in optimal patient outcomes (Boev, C., Tydings, D., Critchlow, C., 2022).

Personal Competence and Initial Accredited Education

Each RN and NP is responsible and accountable for ensuring they have the knowledge, skill and judgment to practice safely, competently and ethically.

Entry-to-practice education programs do not provide the required education for RNs and NPs to

administer aesthetic products, including but not limited to dermal fillers, volume enhancers, collagen stimulators and neuromodulators. Aesthetic nursing services are considered an [RN Specialty Practice \(RNSP\)](#). Therefore, in addition to obtaining the regulatory authority (i.e., CNP process) prior to practicing aesthetic nursing, RNs and NPs require initial accredited education and training, beyond on-the-job training, to attain the appropriate competencies to practice competently and reasonably assure public safety. Ongoing learning and training are expected to maintain a level of understanding of the available evidence supporting the services being offered and to ensure continuing competence in the RN or NPs aesthetic nursing practice.

Registrants practicing aesthetic nursing should be familiar with current industry standards and evidence-informed practices. Registrants may find organizations such as the [Canadian Society of Aesthetic Specialty Nurses](#) helpful which offers practice guidelines and standards, along with aesthetic nursing specific topics such as advertising health products and other education.

RNs and NPs must be sure the education and training they take provide competencies, including infection prevention and control best practices, specific education in anatomy and physiology of the skin and underlying tissue, and assessment and knowledge of products and devices used in practice. You may wish to visit the [Canadian Nurses Association](#) website or other accredited educational course websites.

Accountabilities

RNs and NPs are accountable to the CRNS, the public and the employer when practicing aesthetic nursing. Before initiating an aesthetic nursing practice, in addition to CNP, RNs and NPs ensure policies are in place to authorize the nursing practice as required.

For RNs practicing aesthetic nursing, practice can be authorized through an RN Clinical Protocol. The RN Specialty Practices (RNSP) model describes the essential components of an RN Clinical Protocol:

- Is the activity in the client's best interest in their particular environment?
- What evidence exists to support the practice?
- Where will the authority come from?
- Which RNs with which competencies will be approved to perform the RNSP?

For more information, please review the [RN Specialty Practices Guideline](#).

There is a much wider range of legal implications that should be considered before engaging in aesthetic nursing services in private clinics (CNPS, 2026). Every year across Canada, nursing regulators receive reports of clients who have been harmed while receiving aesthetics services. These incidents may be related to:

- improper infection, prevention and control measures;
- RNs or NPs not having the knowledge, skill and judgement to administer the injection, or manage an adverse outcome; or,
- the treatment being performed in an environment that does not support safe care (CNO, 2026).

RNs and NPs must consider all aspects of client care to minimize and mitigate risk and be accountable for the care they are providing in these settings.

The following are additional resources that registrants may find helpful:

- The Canadian Nurses Protective Society website (cnps.ca) highlight some of the legal considerations in articles such as [Ask a Lawyer: Providing Cosmetic Services](#) and offer additional services and resources to RNs and NPs.
- [Reflect on Your Practice: Cosmetic Injectables](#) provides information to consider before engaging in aesthetic nursing and is a one-page reference specific to cosmetic injections.
- [Health Canada](#) requires all health professionals to follow [Canada's Food and Drugs Act](#) and the regulatory requirements for procurement, storage, and advertising health products.
- If your employer is not an RN or NP and is unfamiliar with your professional obligations, you may wish to refer them to the [Toolkit for Managers of RNs](#).
- Please see Appendix A for examples of legislation RNs and NPs are accountable to related to certain aesthetic nursing services.

Advertising

RNs and NPs are accountable for how they convey their business to the public through advertising. In addition to the guidance provided for advertising nursing services found in the [Self-Employed Guideline](#), the following are requirements when advertising aesthetic nursing services:

- Informed consent is obtained from the client for the purpose of advertising and privacy and confidentiality are always maintained.
- Client name and identifying features are only used in advertising media if prior written consent has been obtained.
- Use of illustrations, images, representations or claims are reasonable and appropriate.
- Advertising does not mislead the public with exaggerated claims of the effectiveness of the service being provided.
- Advertising media do not contain comparative statements that claim or imply superiority over others.
- Health services or products have been authorized for sale in Canada by Health Canada.
- Advertising media does not contain or include promotional/sale advertising such as discounted nursing services or medications.

Advertising prescription drugs is regulated in Canada under the [Food and Drugs Act](#) & [Food and Drug Regulations](#). Anyone who promotes the sale of a specific health product is subject to this legislation, including RNs and NPs. For example, posting a before and after photo or video with a specific drug name attached to it for advertising would be in contravention of the *Food and Drugs Act*.

Health Canada states that advertising any prescription drugs to the general public for the treatment, prevention or cure of [certain serious diseases](#) is prohibited. If you promote specific

products on your website, you must comply with the federal advertising requirements.

Health Canada published a resource called [Illegal Marketing of Prescription Drugs](#). Physicians, NPs and RNs involved in the provision of Botox and other bioactive agents should review the information to avoid contravening the *Food and Drugs Act*.

Nursing Process

RNs and NPs are accountable for implementing the nursing process including:

- conducting or using information from the initial and ongoing assessments to develop and update a nursing care plan;
- implementing the care plan and performing interventions safely and competently;
- evaluating whether the intended outcomes of the care plan are being achieved;
- continuing consultation and communication with the NP or physician; and,
- documenting the care provided, any unexpected reactions, and any other information that may impact the ongoing care of the client.

Code of Conduct and Conflict of Interest

The [CRNS Code of Conduct](#) (the Code) is a set of six principles that describes the accountabilities RNs have to clients (defined as individuals, substitute decision-makers, families, caregivers, groups, communities and populations who receive nursing care), employers, colleagues and the public. The Code explains what the public can expect from RNs, and what RNs do to maintain professionalism, competence and ethical behavior to deliver safe client care. RNs are expected to comply with the Code regardless of their role, title, responsibility and domain of practice and any method used to deliver health care services, such as in-person, virtually or by telephone.

Conflict of interest occurs when the registrant either makes or is in a position to make a decision based upon what is good for their own interests, and not in the best interest of the client. A conflict of interest can be actual, potential, or perceived and may or may not lead to negative outcomes. In aesthetic nursing, it is important to be aware of the ways that a conflict of interest can arise. Further, RNs and NPs are expected to demonstrate introspection when making decisions around situations which could be considered as potential, perceived, or actual conflicts of interest. When purchasing or recommending products or services, or prescribing drugs or equipment, nurses must ensure choices are evidence-informed and always in the best interest of the client.

Examples of conflicts of interest in aesthetic nursing practice include:

- endorsing or promoting a product or service by using one's title to lend credibility or to promote interest;
- compensation arrangements based on selling higher volumes of injections;
- office space rentals based on revenues;

- solicited/non-solicited gratuity for treatment rendered;
- requirement to reimburse employer or owner in the event of a complication;
- paying kickbacks or referral fees; and,
- advertising offering volume discounts or promotional offers.

Requesting or accepting gratuities in nursing practice creates a conflict of interest. Encouraging gratuities raises ethical concerns by shifting the focus from professional care to financial benefit and may compromise the integrity of the nurse-client relationship. RNs and NPs who provide services on a direct fee-for-service basis, whether payment is made by the client or through the client's private insurance, are responsible for clearly disclosing all fees at the beginning of the nurse-client relationship.

Informed Consent

The RN or NP must obtain and document informed consent before implementing the treatment plan. Informed consent is obtained according to legislation, practice standards, and the CRNS Code of Conduct. Informed consent means the RN or NP has explained the intervention, including alternative options, and disclosed the risks and potential complications. Consent must be voluntary and cannot be coerced from the client through undue influence or intentional misrepresentation. The client can withdraw consent for treatment at any time.

Infection Prevention and Control Principles

RNs and NPs implement evidence-informed infection prevention and control principles, standards and guidelines to reduce the risk to the client, public and self. Best practices include, but are not limited to appropriate handling, cleaning and disposing of materials and equipment needed for the procedure. RNs and NPs should monitor for changing clinical infection prevention and control practices and adapt their practice as indicated. RNs and NPs are expected to effectively communicate infection concerns and if needed, arrange appropriate follow-up.

Professional Liability Protection and Self-Employed Practice

The [Canadian Nurses Protective Society](#) (CNPS) provides legal advice, risk management services, legal assistance and professional liability protection related to nursing practice to CRNS registrants. CNPS professional liability protection is available only for matters that arise from the provision of professional nursing services pursuant to a valid nursing license or registration. RNs and NPs engaging in non-nursing aesthetic services do not have professional liability protection through the [CNPS](#) for those activities. Registrants should speak with their employer about liability protection for activities outside nursing practice. Please contact the CNPS for further discussion on professional liability protection related to aesthetic nursing practice.

Aesthetic nursing comes with a greater risk for litigation than other areas of nursing (CNPS, 2026). Private business owners may not be familiar with the layers of risk mitigation needed, or current relevant legislative requirements when providing nursing services to the public, especially if they are not a nurse themselves. Registrants should ensure the setting they are working in supports safe nursing practice.

The [Self-Employed Practice Guideline](#) provides guidance for RNs and NPs who are self-employed (independent practice). Operating a business that provides health care services to the public comes with additional responsibilities and risks. If you are engaged in aesthetic nursing as a self-employed or independent RN or NP, you must review and comply with the information contained in the *Self-employed Practice Guideline*. In addition, RN and NPs who are self-employed (independent practice) must register their practice through the [CRNS's Independent Practice Registry](#). Failure to register an independent practice may be considered professional misconduct.

Key Messages

- RNs and NPs must complete the Confirming Nursing Practice process before engaging in aesthetic nursing, using their professional title and including practice hours worked in this area.
- The CNPS professional liability protection is available only for matters that arise from the provision of professional nursing services pursuant to a valid nursing license or registration.
- Contact the CNPS for matters on professional liability protection related to aesthetic nursing practice and options for additional coverage.
- RNs and NPs must have initial and ongoing authority, education and competence when engaging in aesthetic nursing.
- RNSPs must be in place when RNs engage in aesthetic nursing.
- RNs and NPs implement the nursing process for each client.
- The authorized prescriber must perform an initial assessment and provide a patient-specific prescription/order.
- RNs and NPs advertise aesthetic services responsibly, understanding accountabilities specifically to advertising of health products, services and drugs.
- RNs and NPs engaged in aesthetic nursing who need more information can contact the CRNS at practiceadvice@crns.ca.

Appendix A: Legislative Considerations in Aesthetic Nursing Practice

The table below contains examples of legislation commonly seen in aesthetic nursing practices. This is not an all-inclusive list, rather it is an educational tool for triggering each registrant to consider what legislations may relate to their individual practice. It is the responsibility of employers and registrants to research and understand what legislation applies to them in their unique context and setting. These considerations are in addition to professional regulatory expectations set by the CRNS.

It is highly recommended to visit the websites and seek advice from the appropriate experts if unsure if you are in contravention of provincial or federal legislation.

Activity	Relevant Legislation	What This Means for Practice
Receiving authorization to administer cosmetic injectables	Food and Drug Regulations Food and Drug Regulations (C.R.C., 870)	<ul style="list-style-type: none"> • Client-specific prescriptions are required prior to administration. • Population-based directives are not permitted. • Physicians and NPs qualify as practitioners; RNs do not. • RNs require a client-specific order from an NP or physician. • Administering without authorization may contravene federal legislation.
Advertising prescription drugs or offering discounts	Food and Drug Regulations (Prescription Drug List) Guidance Document: https://www.canada.ca/en/health-canada/services/drugs-health-products/marketing-drugs-devices/illegal-marketing/prescription-drugs.html	<ul style="list-style-type: none"> • Direct-to-consumer advertising is highly restricted. • Only name, price and quantity may be advertised. • Discounting prescription drugs is prohibited. • Therapeutic claims or implications are not allowed.

Activity	Relevant Legislation	What This Means for Practice
Marketing of drugs and medical devices	Food and Drugs Act	<ul style="list-style-type: none"> • Advertising includes any representation promoting sale. • Avoid before-and-after images, procedure videos, or testimonials. • Marketing must not imply indications or therapeutic benefit.
Mixing drugs or ingredients not supplied with manufacturer instructions	Health Canada Policy on Manufacturing and Compounding Drug Products	<ul style="list-style-type: none"> • Understand the distinction between preparation and compounding. • Custom mixtures may constitute compounding. • Compounding is typically regulated in pharmacy settings. Saskatchewan RNs and NPs do not have the authority to compound.
Adding ingredients to IV fluids and marketing to the public as treatment for general health conditions such as fatigue, dull skin, hang-over, etc.	Health Canada Policy on Manufacturing and Compounding Drug Products Guidance document: https://www.canada.ca/en/health-canada/services/drugs-health-products/regulatory-requirements-advertising/policies-guidance-documents/policy-distinction-between-advertising-activities.html	<ul style="list-style-type: none"> • Activities may be considered manufacturing. • Each IV treatment requires individual assessment and prescription. • Menu-style IV offerings may contravene federal legislation.
Managing client health information (texts, emails, photographs)	Health Information Protection Act (HIPA)	<ul style="list-style-type: none"> • HIPA applies to all forms of client information. • Secure, approved systems must be used.

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