

DRAFT: Self-Employed (Independent) Practice Guideline

External Review May 7 – June 4, 2026

Self-Employed Practice

Self-employed (independent) practice is defined as those who are self-employed for the purpose of providing nursing services and/or operating their own nursing business. Self-employed Registered Nurses (RN) and Nurse Practitioners (NP) practice within their legislated scope of practice, personal competence, and the roles, functions, responsibilities, and activities for which they are educated, competent and authorized to perform. Self-employed RNs and NPs apply their professional knowledge, skills and judgment in the interest of serving the public. Self-employed RNs and NPs are legally accountable and responsible for both the nursing services provided, and the business matters related to self-employed practice. Self-employed practice may also be termed private practice, independent practice or consulting. RNs and NPs in self-employed practice may deliver nursing services independently, may work in collaboration with other health care professionals and/or employ other health and non-health care providers.

In all practice settings, CRNS registrants comply with the applicable foundational documents:

- *Registered Nurse Practice Standards;*
- *Nurse Practitioner Practice Standards;*
- *Registered Nurse Entry-Level Competencies;*
- *Nurse Practitioner Entry-Level Competencies;* and,
- *CRNS Code of Conduct.*

Throughout this resource, the term registrant refers to an RN or NP engaged in self-employed (independent) nursing practice.

Regulatory Authority

The Registered Nurses Act, 1988 (the Act) provides the legislative authority for registered nurse practice in Saskatchewan. Section 15(2) of the Act enables the CRNS to create bylaws that:

- prescribe the powers and procedures of the Council;
- provide for a code of professional ethics;

- set the standards for professional conduct, competency and proficiency of nurses; and,
- further specify categories of practice and the rights and privileges of those categories.

Bylaw IX details the privileges and obligations of practicing members. Obligations of practicing members include adhering to the CRNS *Code of Conduct*, nursing standards and competencies that are incorporated by reference in Bylaw XV and Bylaw XVI, setting the standards for professional conduct, competency and proficiency of nurses.

Through the authority in the Act, Council creates and applies policies and procedures to approve standards and guidelines that set the expectations for registered nursing practice in Saskatchewan. This guideline provides information to support the application of the standards and competencies for self-employed practice.

RN Practice Standards and *RN Entry-Level Competencies* that apply to self-employed practice include, but are not limited to:

- RN Entry-Level Competency: Professional
 - Maintains client privacy, confidentiality and security by complying with legislation, practice standards, ethics and organizational policies.
- RN Entry-Level Competency: Communicator
 - Engages in active listening to understand and respond to the client’s experience, preferences and health goals.
 - Documents and reports clearly, concisely, accurately and in a timely manner.
- RN Entry-Level Competency: Advocate
 - Advocates for safe, competent, compassionate and ethical care for clients.
- RN Practice Standard 1: Professional Responsibility and Accountability
 - Demonstrates effective communication.
 - Contributing to the development and integration of quality improvement principles and activities into nursing practice.
- RN Practice Standard 2: Knowledge-Based Practice
 - Utilizes nursing informatics and other information and communications technology in practicing safe registered nursing care.
- RN Practice Standard 3: Ethical Practice
 - Uses an ethical and reasoned decision-making process to address situations of ethical distress and dilemmas.

Additionally, the *NP Practice Standards* and *NP Entry-Level Competencies* guide NP practice in regard to self-employed practice. *NP Practice Standards* and *NP Entry-Level Competencies* that apply to self-employed practice include, but are not limited to:

- NP Entry-Level Competency: Clinician
 - Provide safe, ethical and competent services as a self-employed practitioner
 - Engage in ethical practices that adhere to jurisdictional and federal legislation, regulations, guidelines and ethical standards for nursing.
 - Employ accurate, honest, and ethical billing and advertising practices.

- Act as a health information custodian to ensure client information is secure and remains confidential.
- Identify and manage potential and real conflicts of interest, always acting in the client's best interest.
- Obtain informed consent according to legislation and regulatory requirements.
- NP Practice Standard: Professional Responsibility and Accountability
 - Attains, maintains and enhances competence within own NP practice.
 - Prescribes to family members, friends and personal acquaintances only in urgent or emergent situations when no other prescriber is available, and does not self-prescribe.
- NP Practice Standard 3: Advanced Clinical Practice
 - Obtains and documents the client's informed consent prior to interventions and as required.

Legislation

Legislated scope of practice refers to the range of services in which RNs and NPs may perform or coordinate. Legislated scope provides the foundation for individual practice based on personal competence. RNs are legally permitted to offer health services that fall within the practice of nursing as interpreted by the CRNS, as defined by the Act:

“practice of registered nursing” means the performance or co-ordination of health care services including but not limited to:

- (a) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and,
- (b) the counselling, teaching, supervision, administration and research that is required to implement or complement health care services; for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering where the performance or co-ordination of those services requires:
- (c) the knowledge, skill or judgment of a person who qualifies for registration pursuant to section 19 or 20;
- (d) specialized knowledge of nursing theory other than that mentioned in subclause (c);
- (e) skill or judgment acquired through nursing practice other than that mentioned in subclause (c); or,
- (f) other knowledge of biological, physical, behavioural, psychological and sociological sciences that is relevant to the knowledge, skill or judgment described in subclause (c), (d) or (e).

NPs are legally permitted to offer health services that fall within the practice of nursing as interpreted by the CRNS, as defined by the Act:

In the course of engaging in the practice of registered nursing in the nurse practitioner category, a registered nurse may, subject to conditions or restrictions imposed on their license, perform the following in accordance with the practice standards and entry-level competencies:

- (a) diagnose and treat common medical disorders;
- (b) order, request, perform, receive and/or interpret reports of screening and diagnostic tests in the following areas: (i) microbiology; (ii) cytology; (iii) biochemistry; (iv) immunology; (v) haematology; and (vi) virology;
- (c) order or request medical imaging involving the application or detection of forms of energy for diagnostic or screening purposes and receive and interpret reports; or perform ultrasound imaging for the sole purpose of Point of Care diagnostic assistance (POCUS) and according to current best practice;
- (d) in accordance with federal legislation, prescribe and/or dispense: (i) drugs listed in schedules I, II and III of The Drug Schedules Regulations, 1997, as amended from time to time; and,
- (e) in accordance with the standards and competencies, perform minor surgical and invasive procedures in the following areas: (i) suturing; (ii) irrigation; (iii) incision and drainage; (iv) excisions; (v) intubation; and (vi) insertion.

Other Relevant Health Care Legislation

Registrants must become knowledgeable about relevant legislation that applies to their unique nursing practice and setting. The following is legislation common to self-employed (independent) nursing practice:

- *The Personal Information and Protection of Electronic Data Act (PIPEDA)* govern the gathering, maintenance, storage, use, sharing and disposal of personal information and electronic data (basic personal data, billing information and data).
- *The Health Information Protection Act (HIPA)* governs the collection, storage, and disclosure of personal health information and the privacy of individuals with respect to personal health information.
- *The Occupational Health and Safety Regulations* are designed to protect workers' health and safety, prevent workplace injuries and illnesses, and ensure employers and workers understand their responsibilities.
- *Canada Health Act* establishes criteria and conditions in respect of insured health services and extended health care services provided under provincial law that must be met before a full cash contribution may be made. It also includes Extra-billing and User Charges Information Regulations.
- *Canada Health Act Services Policy* (announced in 2025) confirms that clients should not be charged for medically necessary services when provided by regulated health professionals,

such as nurse practitioners, pharmacists, or midwives, if those services would be covered if provided by a physician. Provinces and territories will first report any client charges for these services, should they occur, beginning in December 2028.

- *Canada Food and Drug Act & Food and Drug Regulations* regulate drugs, devices, health products and substances. This includes how they are advertised, procured, stored, sold, and various other aspects that have implications for regulated health care providers in private practice.
- *Saskatchewan Health Service Policy and Procedure Document Library* contains lists of policy, procedures and guidelines for use by all health service providers and agencies.

Registrants may wish to refer to the [Legislation That Supports Your Practice](#) webpage for more information and/or consult a lawyer to ensure they are in compliance with all regulatory requirements and relevant provincial and federal legislation.

Scope of Practice

An individual's scope of practice is informed not only by the Act, Bylaws, and applicable provincial and federal legislation, but also by the RN or NP's individual competence (knowledge, skills and judgment) and the level of support available within the practice setting. Practice-setting supports include, but are not limited to:

- clear role descriptions;
- organizational policies and procedures;
- RN Specialty Practices;
- appropriate equipment and supplies;
- infection prevention and control measures;
- referral processes;
- established protocols for escalating care; and,
- access to emergency interventions.

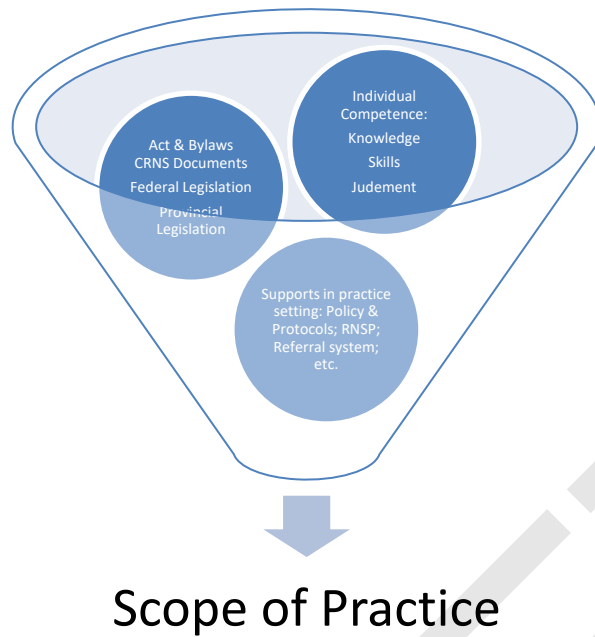


Figure 1: Scope of Practice

Registrants must understand and comply with relevant health care legislation, privacy laws and business regulations. In addition, registrants are responsible for considering the specific requirements of their practice environment (both competencies and support), ensuring these elements are in place before providing any nursing services. To help make this determination, please review the CRNS [Legislated Scope of Practice Self-Assessment Tool](#).

Services Beyond RN Entry-Level Competence

RN Specialty Practices (RNSP) are activities beyond entry-level competence, within the legislated scope of RN practice. There may be situations where self-employed RNs are looking to provide services that are considered an RNSP. Prior to providing RNSP care, RNs ensure the services they plan to provide are recognized and approved nursing services — falling within the definition of registered nursing practice in accordance with the Act. If offering services beyond entry-level competence, self-employed RNs must use the RNSP model and ensure that there is an RN Clinical Protocol that includes all four essential components:

1. Client at the Centre: The RN practice is in the best interest of the client in their particular environment.
2. Supporting Evidence: There is current evidence-informed practice to support this practice in the defined setting.
3. Authorizing Mechanism: A client-specific or client population authorizing mechanism is in place.

4. RN Competence Requirements: The identified RNs and the specific competencies are clearly defined.

All four components of the RN Clinical Protocol must be established prior to RNSP implementation. Please refer to the current [Registered Nurse Specialty Practice Guideline](#) for more information.

Confirming Nursing Practice

[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. 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.

Independent Practice Registry

RNs and NPs must register their self-employed practice through the CRNS's [Independent Practice Registry](#). Failure to register an independent practice may be considered professional misconduct. Registrants are required to:

- be in good standing with the CRNS;
- review, understand and comply with the CRNS *Self-Employed Practice Guidelines*;
- complete the CNP process — if the self-employed practice provides new/evolving treatments/procedures, or if the registrant is unsure if it falls within their legislated scope of practice;
- meet the legal and legislative requirements for operating an independent practice (business) including, but not limited to:
 - business license(s);
 - general liability insurance;
 - professional liability protection;
 - privacy; and,
 - records retention.
- maintain annual registration of their independent practice;
- maintain accurate, up-to-date information for their independent practice in their CRNS registrant profile; and,
- notify the CRNS and their clients in writing:
 - when closing, leaving or moving their independent practice;
 - if there has been a substantive change to their independent practice; and,
 - if there is a change in status to their license (move to non-practicing, have a condition/restriction on their license, etc.), that impacts their authority to practice registered nursing.

Please note that Independent Practice Registration is valid for the licensure year, December 1 – November 30 and must be renewed annually.

See Appendix A, a checklist with questions RNs and NPs entering self-employed (independent) practice must consider.

Professional Liability Protection

RNs and NPs looking to engage in self-employment must be knowledgeable about licensing requirements, professional obligations, accountability and liability protection. All CRNS registrants who hold practicing licenses with the CRNS have professional liability protection through the CNPS. CNPS is an independent, not-for-profit society that is specifically tailored to meet the professional liability needs of nurses in all nursing roles and provides liability coverage for professional nursing services that are recognized by the CRNS. It is advisable that RNs and NPs contact the CNPS to discuss issues related to professional liability protection. It is also recommended that prior to starting a self-employed practice, registrants consult with a business lawyer, accountant, and/or tax specialist to review business structures and tax and legal implications of self-employed practice.

RNs and NPs need to determine the level of liability risk associated with their self-employed

nursing practice and if they require additional personal, professional or business liability insurance.

Continuing Competence Program

As practicing CRNS registrants, registrants are required to participate in the Continuing Competence Program (CCP). Every RN and NP must complete the CCP annually as part of the requirements to hold a license to practice registered nursing in Saskatchewan. For more information on the CCP, visit the CRNS [Continuing Competence Program](#) webpage.

Confidentiality

The CRNS *Code of Conduct* states that “RNs are expected to protect the privacy and confidentiality of clients’ personal health information as outlined in legislation and regulatory documents.” (p. 8).

Registrants need to adhere to provincial legislation regarding privacy and confidentiality. In Saskatchewan, the *Health Information Privacy Act* (HIPA) legislates the gathering, maintenance, storage, use, sharing and disposal of personal health information. Personal health information can only be disclosed with the consent of the client unless the disclosure is otherwise authorized by HIPA.

If a request for health information is made, registrants disclose only the information that is required and inform only those who are involved in the circle of care (i.e., RN, NP, physician or appropriate authorities). The client should sign a release of information consent. Additionally, the information that was sent and to whom should be recorded. All client health records, in any form, are confidential and are always to be kept physically and/or electronically secured.

There are situations where registrants are obligated to disclose confidential client information. Registrants must be aware of their responsibility to report:

- suspected child abuse;
- certain communicable diseases;
- gunshots and stabbings; and,
- release of information under the authority of a court order or during legal proceedings.

Contact CNPS for additional advice regarding confidentiality and disclosure of client information.

Consent

Registrants have a legal and ethical responsibility to obtain informed consent from clients prior to the provision of registered nursing services and prior to referring the client to another care provider. Informed consent includes disclosure of risks and potential complications, alternative options, client understanding and opportunity to ask questions. Registrants are aware of legislation that sets out the law of consent and capacity, consent to treatment and substitute decision-making. In addition to recognizing that clients have the right to give consent, clients also

have the right to decline or withdraw consent at any time.

Registrants must also obtain general consent for the gathering of other personal information and electronic data per PIPEDA requirements.

Conflict of Interest

Conflict of interest occurs when the nurse either makes or is in a position to make a decision based upon what is good for the registrant's 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. Registrants need to be aware of the ways that a conflict of interest can arise. Registrants identify and manage actual or potential conflicts of interest, always in the best interest of the client. The nurse shall not exploit any relationships to further their interests as a self-employed practitioner at the expense of the client.

Disclosure of Self-Employment to Employer

For transparency, registrants employed by a health care agency disclose their self-employment to the employer. Registrants are to be aware of the employer's conflict of interest policies, and in the absence of such policies, always disclose their self-employment to their employer. Client referrals from employment-related contacts should not be made. RNs and NPs declare any actual or perceived conflict of interest related to options or services with the client.

Providing Nursing Care to Family Members or Friends

The provision of self-employed nursing services to family members or friends should be avoided and is generally only appropriate when no other health care provider is available. Refer to the current CRNS [Professional Boundaries and the Nurse-Client Relationship](#) resource for further information.

Compensation

The type of compensation model, pay structure, commission-based arrangements, or private practice remuneration for RNs or NPs is decided by the owner/operator of the independent nursing practice. Registrants are to be aware of and understand the legislation applicable to the compensation model selected.

Compensation models must not create incentives that compromise clinical judgment or client safety. Compensation models that could influence — or appear to influence — clinical judgement would likely be viewed as an ethical concern and potentially contravene nursing practice standards and the CRNS [Code of Conduct](#). For example, compensation that rewards volume, referrals or product sales could introduce conflicts of interest. Additionally, encouraging gratuities in nursing services raises ethical concerns by shifting the focus from professional care to financial benefit and may compromise the nurse-client relationship, and is considered a conflict of interest.

It is prudent for the registrant to review relevant material when making decisions about a compensation model. When deciding if the compensation model is appropriate, the registrant asks

themselves the following questions:

- How does receiving direct compensation impact my decision-making?
- Would I make the same decisions/recommendations for my client if I were not receiving compensation for that service?
- Have I disclosed the potential conflict to my client?
- What actions am I taking to ensure the best decision is made in the interest of the client?

Billing Numbers

The CRNS does not provide billing numbers for nurses to directly bill any public health insurance plan for the insured health services they provide to their clients. Therefore, it is imperative for registrants to be aware of and understand any billing or fee-for-service legislation applicable to the services provided.

Information Management: Record Retention, Documentation and Health Custodian

Information management in nursing practice refers to collecting, organizing, analyzing and using information to support clinical decision-making and improve client outcomes. It is the responsibility of the registrant to be knowledgeable about information management and adhere to federal and provincial legislation, and to appropriately manage client information records, both written and electronic. In addition, they must also adhere to the CRNS *Documentation Guideline*.

Appropriate information management ensures the following:

- the system meets the necessary professional and legal requirements;
- confidentiality of the client information;
- maintenance of complete and accurate records of the services provided and client outcomes;
- documentation of the client's consent for services and/or the agreed business contract; and,
- the appropriate storage, retention and authorized release of client information.

Under Saskatchewan's HIPA, the custodian of health information is typically the organization that provides the health service, and is responsible for the collection, use, disclosure, retention and disposal of clients' personal health information in a manner that is consistent with HIPA. This includes a process for managing client health records if you stop practicing. In a self-employed practice, this responsibility can fall onto the RN or NP. Consulting with a lawyer can help determine if you are the health information custodian.

Furthermore, as a possible custodian of health information, registrants may be responsible for the retention of personal health information for several years after the conclusion of the nurse-client relationship. It is also advisable for registrants to contact the CNPS and the [Office of the Saskatchewan Information and Privacy Commissioner](#) regarding the retention and disposal of personal health information. Disposal of client health information must be done according to federal and provincial privacy legislation.

See Appendix B for advisable agencies to contact prior to engaging in self-employed practice.

Policy and Procedure Development

Registrants are responsible for the development of policies and procedures to guide their practice, complying with regulatory requirements and federal and provincial legislation. Policies should be created for both the nursing services to be provided and for the business aspect of their practice. Nursing policies and procedures should include, but are not limited to, the following:

- description of the nursing practice/services provided;
- the scope of practice of the RN/NP;
- information management and record retention;
- documentation;
- accepting new clients;
- obtaining informed consent;
- payment of services;
- client evaluation of services;
- storage, handling and disposal of medications;
- consultation and referral procedures;
- quality assurance;
- appropriate procurement, maintenance, repair, cleaning and storage of equipment and supplies;
- infection prevention and control; and,
- advertising.

It is advisable for registrants to consult with a lawyer regarding business policy development. Policy development should also include business and financial procedures such as the business budget, client accounts, billing and the filing of tax forms.

Quality Assurance and Risk Mitigation and Management

Quality assurance is a process that involves planning, fulfilling and monitoring activities to assess the quality levels essential in health care. Registrants engage in quality assurance by proactively engaging in a process of assessing, implementing, and evaluating care standards to improve client outcomes.

Risk management is the comprehensive process of identifying, assessing and prioritizing risks at a strategic level, while risk mitigation is a subset of risk management that focuses specifically on implementing actions to reduce the likelihood of impact of identified risks.

Quality assurance and risk mitigation strategies for maintaining quality of practice include, but are not limited to, the following:

- completing the CRNS's Continuing Competency Program;

- developing and implementing a review cycle for all business-related policies and procedures and nursing practice-related policies and procedures;
- engaging in continuing education and professional development opportunities;
- measuring client care outcomes;
- seeking regular feedback from clients;
- establishing a system to identify risks and making the necessary changes to processes and/or practices;
- developing a professional support system to discuss personal and professional challenges and to share ideas related to care delivery;
- implementing a comprehensive information management system;
- reviewing best practice guidelines and application of evidence-based practices to support safe, competent and ethical care; and,
- adhering to laws and regulations related to the business.

Advertising

Registrants can advertise the services they provide to the public, however there are laws that must be followed (i.e. *Food and Drug Act; Food and Drug Regulations; and Natural Health Products Regulations*). Advertising includes any communication made orally, in print or electronic media, by or on behalf of a CRNS registrant to the public for the purpose of promoting the registrant's nursing services.

Purpose of Advertisement

The purpose of advertising is to provide information so the public can make an informed decision when selecting registered nursing services from a registrant. Advertising is:

- accurate, factual and evidence-based;
- verifiable;
- ethical; and,
- professional.

Registrants may engage in advertising their nursing services for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering. Endorsement occurs with the use of one's credentials to lend credibility to a commercial product, product line or health care service. Registrants are aware of and ethically manage the potential risks associated with endorsements, abstaining from the use of RN or NP title to endorse products, product lines or health care services that are not related to the care or services provided. Advertising and endorsement must be presented so that they maintain the public's trust in the nursing profession.

Roles and Responsibilities for Advertising

Registrants are accountable for ensuring that their nursing services meet the definition of registered nursing, as is in the Act, before advertising their professional nursing services. They are also responsible for advertising in a manner that places the focus on what is in the best interest of

the client and that enables clients to make informed decisions about their health care.

Advertising should not mislead the public with exaggerated claims of the effectiveness of the service being provided. False or misleading advertising may be considered professional misconduct and could lead to an investigation by the CRNS.

Registrants who advertise nursing services must:

- comply with federal, provincial, and CRNS legislation;
- avoid promotional sale advertising such as discounted nursing services or medications;
- present information in a manner consistent with the current practice standards, entry-level competencies and the CRNS *Code of Conduct*;
- advertise services only within the legislated scope of the registrant;
- state full name and protected title (RN or NP) in the advertisement;
- provide an accurate written description of the services provided, including risks and benefits of the service;
- address any actual, potential or perceived conflict of interest;
- obtain explicit informed consent if using client photos, recognizing that it may be withdrawn at any time;
- maintain client privacy and confidentiality; and,
- retain a copy of all advertisements for a reasonable period of time (suggested 5-year retention, or as suggested per legal counsel), for your record keeping.

The laws around advertising health care products, health services, medical devices and medications may not be common knowledge for RNs or NPs entering self-employed practice. Registrants are responsible to become familiar with, and understand what laws, policies, and standards apply to them in their unique context and setting.

The following are additional sources of information on advertising registrants are highly recommended to access:

- Health Canada Illegal Marketing of Drugs and Devices: <https://www.canada.ca/en/health-canada/services/drugs-health-products/marketing-drugs-devices/illegal-marketing.html>
- Health Canada Regulatory Requirements for Advertising: <https://www.canada.ca/en/health-canada/services/drugs-health-products/regulatory-requirements-advertising.html>
- Ad Standards — Canada: <https://adstandards.ca>
- Canada's Anti-Spam Legislation: <https://laws-lois.justice.gc.ca/eng/acts/E-1.6/index.html>
- Government of Canada Competition Act: <https://laws-lois.justice.gc.ca/eng/acts/c-34/fulltext.html>
- Canada Consumer Product Safety Act: <https://laws-lois.justice.gc.ca/eng/acts/c-1.68/page-1.html>

Medications, Medical Devices and Health Products

Any medications, medical devices or health products being procured, stored or administered in independent nursing practice comply with current regulatory requirements and provincial and federal legislation, including, but not limited to:

- [CRNS Medication Management Guideline](#)
- [CRNS Documentation Guideline](#)
- [CRNS Guideline for Prescribing Medication](#)
- [CRNS Prescribing Controlled Drugs & Substances for NPs](#)
- [CRNS Guideline for Recommending & Administering Non-prescription Drugs](#)
- [CRNS RN Speciality Practice Guideline](#)
- [Health Canada Food and Drug Act](#)
- [Health Canada Medical Devices Regulations](#)
- [Health Canada Natural Health Products Regulations](#)

When purchasing or recommending products or services, or prescribing drugs or equipment, registrants must ensure choices are evidence-informed and always in the best interest of the client.

Closing Practice

In addition to informing the CRNS when closing, leaving or moving their independent practice, registrants are accountable for minimizing interruptions and assuring the continuity of client care during the closure of their practice. Prior to closing, registrants address the following, but not limited to, items:

- provide sufficient notice to clients, outlining the decision, the rationale and the end date of closure;
- advise colleagues and other health care professionals within the circle of care of the closure;
- assist clients to make alternative care arrangements, if required;
- ensure all necessary follow-up care of clients is completed;
- document the reason for ending the nurse-client relationship and any related communication in the client record; and,
- act in accordance with relevant legislation and regulation for the retention, disclosure and disposal of client records.

NPs can find further direction in the [Ending the NP-Client Relationship](#) resource.

Conclusion

RNs and NPs take on additional professional and business responsibilities when deciding to operate a self-employed (independent) practice. Registrants assume full responsibility and accountability for the provision of safe, competent and ethical client care by complying with all regulatory, and federal and provincial legislations. RNs and NPs are professionally responsible for ensuring the activity or service they plan on providing in their self-employed practice falls within their legislated scope of practice and individual competence. Furthermore, RNs and NPs must complete the Independent Practice Registry prior to engaging in self-employed practice.

Appendix A

Every setting and context have unique considerations and legislation that may apply to it. 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. Registrants take on the responsibility for determining how these expectations will be applied consistently within their specific practice environments, in addition to any relevant provincial or federal legislation.

In larger, traditional employer settings—such as hospitals—nurse educators, risk management teams, ethics committees, infection prevention and control (IPAC), and clinical standards departments often contribute expertise to determine the supports required for safe client care within a given practice setting.

In contrast, self-employed (independent) nursing practice often occurs in smaller, private settings where access to comparable teams—such as researchers, policy developers or legal advisors—may be limited or unavailable. Registrants engaged in self-employed practice must therefore recognize this additional risk and carefully reflect on their own knowledge, skills and competencies. When necessary, they must also seek external expertise to ensure the provision of safe and ethical client care in all aspects of their practice.

Below is a checklist with questions RNs and NPs entering self-employed (independent) practice must consider:

- Do I hold a valid, active license that allows me to practice registered nursing as an RN or NP? See [Register & License](#)
- Is the activity or service I provide considered RN or NP practice? See [Legislated Scope of Practice](#).
- If the activities or services I provide are new, innovative, or unclear whether it falls within registered nursing practice, have I completed the [Confirming Nursing Practice](#) process?
- Have I registered my self-employed practice with the CRNS? See [Independent Practice Registry](#).
- Does the public require these services from an RN or NP to directly or indirectly meet their health care needs (beyond what a non-regulated member could provide)? Are the steps of the nursing process used as an integral part of my practice?
- Do the services I provide require additional specialized training, and do I have the knowledge, skills, judgement and experience to provide this health care service and maintain competence over time?
- If the services I provide are beyond-entry level competencies, do I have the proper authority? See [RN Specialty Practice Guideline](#).

- Do I engage in quality improvement activities with the aim of improving practice and client outcomes?

Appendix B

Prior to engaging in self-employed practice, RNs and NPs are advised to contact the following, but not limited to, agencies:

- CNPS – can offer legal advice, risk management services, legal assistance and extra professional liability.
- CRNS Practice & Education Advisor – can discuss legislated scope of practice, CNP and the Independent Practice Registry.
- Office of the Saskatchewan Information and Privacy Commissioner – can discuss with you record security, record retention, privacy and disclosure.
- Lawyer – can provide legal counsel on issues related to self-employment, business type and name, labour laws, business structures and the corresponding legal implications.
- Insurance agency – can help assess the practice and business insurance required.
- Accountant and/or tax specialist – can provide advice on reporting taxes, fee structures, issuing receipts, bookkeeping services, and other matters related to business and financial management.
- Saskatchewan Health Authority and the Government of Saskatchewan – can inform you of relevant public health regulations.
- Local and municipal governments – can inform you of various licences and regulations related to starting and operating a business.
- Health Canada – can help clarify if your practice is in compliance with federal legislation and/or direct to certain resources and documents related to your practice setting/context.
- Current employer – can determine if there is an actual or perceived conflict of interest with continuing employment at the practice setting, whilst also being self-employed.
- Regulatory bodies of other health care professions (should you choose to employ) – can confirm the health care provider's scope of practice and verify if they are in good standing with the college.
- Other nursing regulatory bodies – can inform you whether or not you need a license in their jurisdiction to provide cross-jurisdictional telehealth nursing services.

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