



## CNPS Supplementary Protection Application

### Eligibility for assistance with regulatory matters (ARM)

#### IMPORTANT:

- To be eligible for assistance with regulatory matters (ARM), it is necessary to register for CNPS Supplementary Protection.
- ARM generally does not extend to regulatory matters that have been initiated or should have been anticipated at the time of this application. It also does not extend to quality assurance proceedings.
- To register, you must already be a CNPS beneficiary.
- Nurses already eligible for CNPS core services, including professional liability protection, are referred to as CNPS beneficiaries. See [cnps.ca/eligibility](https://cnps.ca/eligibility) for more information.

By adding CNPS Supplementary Protection to your range of CNPS core services:

1. You will be eligible for **assistance with complaints against you to your regulatory body (“College complaints”)**:  
This assistance is provided by the CNPS on an occurrence basis. Provided that you are registered for CNPS Supplementary Protection at the time when you perform professional services, you will remain eligible for assistance with a complaint arising from those services, whenever the complaint may arise. Assistance is discretionary and will be granted on a case-by-case basis.
2. You will have access to **assistance with disciplinary and fitness-to-practise hearings**:  
This coverage extends to complaints for which you have received assistance from the CNPS and that have been formally referred to a Disciplinary Committee, Board of Inquiry, Fitness-to-Practise Committee or other equivalent tribunal for hearings. It is made available through a partnership with an insurer on a claims-made basis. It will provide you with coverage for disciplinary or fitness-to-practise legal expenses for referrals commenced on or before December 31 of the year for which you registered or renewed the protection. You will receive a copy of the certificate and the policy under separate cover. Coverage is subject to the terms of the policy. We encourage you to review them carefully and ensure that you are familiar with the terms of the policy.

For more information, please call the CNPS at 1-844-4MY-CNPS (1-844-469-2677) to speak with a legal advisor.

**SECTION 1 – CNPS Beneficiary Information**

\_\_\_\_\_  
 First name Initial Last name

\_\_\_\_\_  
 Date of birth (yyyy/mm/dd) Gender

CNPS ID number (if known): \_\_\_\_\_ (if entered, skip to section 4 on page 2)

**SECTION 2 – Contact Information**

\_\_\_\_\_  
 Permanent Canadian address

\_\_\_\_\_  
 City Province Postal code

\_\_\_\_\_  
 Home phone Work phone Cell phone

\_\_\_\_\_  
 Email address (Please use a personal email address.)

**Information and consent related to the use of email communications**

The CNPS will use your email address for transactional purposes, such as confirming receipt of your application form, confirming successful completion of your registration and initiating the renewal process. The CNPS may also use your email address to appropriately respond to your inquiries or requests for CNPS services if, at that time, this has been identified as your preferred mode of communication, or to establish contact with you in reference to inquiries or requests for CNPS services if your preferred mode of communication has failed. By completing this form, you consent to your email address being used for these purposes.

**SECTION 3 – Licensure / Nursing Registration Information**

Class of registration:  Registered Nurse  Nurse Practitioner  Other \_\_\_\_\_

Licence or registration number: \_\_\_\_\_ Province or territory: \_\_\_\_\_

Other licence or registration number: \_\_\_\_\_ Province or territory: \_\_\_\_\_

**SECTION 4 – Disclosure of Past Events**

In the last three (3) years, have you been the subject of a formal proceeding or threat of formal proceeding arising from your nursing practise in which the quality of your care or your professional conduct was an issue (e.g. legal action, threat of legal action, claim for financial compensation or complaint to your regulatory body)?

Yes  No

|   |   |
|---|---|
| If yes, please provide details:   |   |
| Date of Notification  | Description (Check as appropriate)  |
|   | <input type="checkbox"/> Legal action <input type="checkbox"/> Threat of legal action <input type="checkbox"/> Claim <input type="checkbox"/> Complaint |
|   | <input type="checkbox"/> Legal action <input type="checkbox"/> Threat of legal action <input type="checkbox"/> Claim <input type="checkbox"/> Complaint |
|   | <input type="checkbox"/> Legal action <input type="checkbox"/> Threat of legal action <input type="checkbox"/> Claim <input type="checkbox"/> Complaint |
|   | <input type="checkbox"/> Legal action <input type="checkbox"/> Threat of legal action <input type="checkbox"/> Claim <input type="checkbox"/> Complaint |
| <p>Do you have any knowledge of circumstances, in the last three (3) years, that may lead to any legal action, claim or complaint against you related to your nursing practice?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> |   |

**Acceptance of Terms**

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief.

I understand that the Canadian Nurses Protective Society (CNPS) may verify any of the information provided on this form. By signing this form, I authorize the CNPS to investigate all statements of information contained in it. I understand and agree that any misrepresentation, falsification or material omission of information on this form may result in denial or revocation of my beneficiary status with the CNPS. My eligibility for CNPS Supplementary Protection will be conditional upon being a CNPS beneficiary and having a valid licence or registration to practise nursing.

I understand that the CNPS will share my personal information, including my name, address and CNPS beneficiary identifier with a third-party insurer for the purpose of having access to its coverage for disciplinary or fitness-to-practise proceedings. By signing this form, I consent to CNPS sharing my personal information with a third-party insurer for this purpose.

I understand that if my application for CNPS Supplementary Protection is accepted, I am generally not eligible for assistance with complaints, disciplinary hearings or fitness-to-practise hearings that have been initiated or should have been anticipated at the date of this application.

I have read the relevant excerpts of the [CNPS Bylaws](#) and understand my obligation to cooperate with the CNPS and report any threat, claim, complaint, legal proceeding or adverse event related to my nursing practice to the CNPS at the earliest opportunity. I acknowledge that CNPS financial assistance is discretionary and will be granted on a case-by-case basis.

I, \_\_\_\_\_, understand that CNPS services and, in particular, the provision of professional liability protection and legal assistance do not generally extend to my professional corporation or business entity.

\_\_\_\_\_  
Name or signature of applicant

\_\_\_\_\_  
Date (yyyy/mm/dd)

**Submission of Application Form**

Once the CNPS receives your application, you will be contacted to arrange for payment. Please allow 5 to 10 business days for processing.

Please return your completed form to the **Canadian Nurses Protective Society** using one of the following methods:

**Email:** [registration@cnps.ca](mailto:registration@cnps.ca)

**Mail:** 1545 Carling Avenue, Suite 510  
Ottawa ON K1Z 8P9

**Fax:** 613-237-6300